

City and County of the City of Exeter



ANNUAL REPORT

OF THE MEDICAL OFFICER OF HEALTH FOR 1963

E. D. IRVINE, M.D., M.R.C.S., D.P.H.,
Medical Officer of Health,
HEALTH DEPARTMENT,
5, SOUTHERNHAY WEST,
EXETER.

TELEPHONE : 77888.

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HEALTH DEPARTMENT,
5 SOUTHERNHAY WEST,
EXETER.

Tel. No. 77888.

August, 1964.

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH

*To the Right Worshipful the Mayor, Aldermen and Councillors
of the City and County of the City of Exeter.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for 1963, a year which started with an atrocious winter with a long spell of exceedingly cold weather in January and February. Water supplies to a large number of houses were interrupted by frozen and burst pipes, the service pipes being in many instances frozen underground. Some people were without water supply in their houses for six weeks. Some were fortunate in being able to have the water service pipes unfrozen by the use of electrical heating devices. The health visitors paid particular attention during this period to the welfare of aged people. The rest of the year did very little to redeem this bad start—no long periods of good weather being experienced. Curiously enough though, as is usual, sickness (as reflected in notifications in the City and surrounding area of new claims for sickness benefit) was high in January, it did not reach its peak until mid-March: in recent years, at any rate, the maxima of such claims figures have usually occurred in January. The peak was not quite as high as in 1957 or 1951: influenza-type colds were prevalent. Employment in the building and civil engineering industries was adversely affected, but recovered and at the year-end unemployment was very low.

Statistics The Registrar-General estimated the mid-year population of the City to be 79,690. Once again, the birth rate rose; it was 16.6 per 1,000 population. Although the Registrar-General gives us the correcting factor by which we should be able to reflect in the adjusted figure the influence of the age and sex distribution of the population, the birth rate in Exeter has remained consistently well below the national rate which was 18.2 in 1963; although it has risen in recent years it still lags well behind the national figure. The infant mortality rate of 15.9 was very low and the still-

birth rate (13.4) and the peri-natal death rate (based on stillbirths and first week deaths) were both the lowest on record. The (adjusted) death rate increased sharply to 11.9 per 1,000 population, but is lower than the national rate (12.2). Almost three-quarters of the deaths in Exeter residents occurred after the age of 65, and only 1 in 20 were in persons under the age of 45. Heart and circulatory disease (431 deaths), cancer (188), strokes (135), pneumonia (76) and bronchitis (72) were the main causes of death and accounted for four-fifths of all the deaths. Cancer of the lung caused 39 deaths (9 in women). 31 persons died owing to accidental causes, 19 of them being persons of over pensionable age.

Infectious Disease

As was expected, measles was epidemic and caused one of the largest outbreaks in recent years (2,464 cases). Happily, it was mild and little anxiety was caused by complications. However, the opinion is gaining ground that complications of measles are more significant than has been thought in recent years, for example, in respiratory disorders, mild encephalitis manifestations (brain inflammation) and middle ear disease. A measles vaccine has been developed, but is not in general use in this country, further research being continued as to whether a live or killed vaccine is the more useful or whether a combination of the two should be used. Other infectious diseases were not prominent and, once again, we escaped without any poliomyelitis or diphtheria being reported.

Smoke Control

Smoke control continues to make definite though slow headway. During the year, 3 Smoke Control Orders covering 1,200 acres and about 1,300 houses in the ultimate development, were declared and one Order was confirmed. By the end of the year, 10 smoke controlled areas had been declared of which 7 had been confirmed by the Minister, the latter covering about 400 acres with, in the ultimate development, about 3,800 houses.

Abattoir

The plans for the new two-storey abattoir were finally settled during the year and building commenced on a site in the Marsh Barton Trading Estate. The intention is to lease this to the Fatstock Marketing Corporation. It is hoped and expected that the onerous duties, and particularly the weekend duties, falling on the public health inspectors because of the unsatisfactory conditions at the present abattoir will be very much lightened when the new abattoir is opened, late in 1964. The Fatstock Marketing Corporation have given me an assurance about their intention to avoid Sunday slaughtering except in rare emergencies.

Cleansing Station

Plans were approved for the erection of a small cleansing station near Tan Lane, within the grounds occupied by the Tan Lane Depot of the Council.

Representations were made by the Council to the Minister of Transport about the necessity for the provision of sanitary conveniences on the Exeter By-pass. The Council feel that the Ministry should make some substantial contribution to the erection of such conveniences which clearly serve the necessities of the large motoring population passing through in the summer months.

New housing legislation caused a considerable amount of work in the public health inspectors' section of the department and the Offices Act will, undoubtedly, increase the pressure on the staff.

The first crematorium to be erected in the City—the privately owned Devon and Exeter Crematorium in Topsham Road—was opened in November, 1963.

The "Ten Year Plan" of Health Services provided by the Council was revised in 1963 and approved.

Approximately 76% of Exeter babies born during 1963 were delivered in hospital or other institutions. Pressure on Mowbray Hospital (the General Practitioner Unit) and on the City Hospital Unit increases. More mothers are being discharged from hospital before the tenth day of the puerperium. The number of babies of low birth weight ($5\frac{1}{2}$ lbs. or less) born to Exeter mothers was greater than in 1962. There were 92 illegitimate babies, presenting a rate of 7% of the live births—a rate distinctly less than in 1962.

The "At Risk" register of infants (i.e. of those regarded at or soon after birth as likely to need special supervision) has been continued, but the evidence of its usefulness is not very clear. We feel that our present classification bringing a child within the scope of the "At Risk" register is too wide for it to be useful in a practical way.

The total uptake of cod liver oil and vitamin A and D products under the Government scheme has continued to decline: whereas, for example, in April and May, 1961, when the issues were all free, there were 900 bottles of cod liver oil preparation taken, the corresponding figure for 1963 was less than 250 of which just over a fifth were free issues. The uptake of vitamin preparations has been halved in this period.

Home nursing continued at much the same level of activity as in previous years.

During the year, the Royal Devon and Exeter Hospital Casualty Department discontinued the more or less routine administration of anti-tetanic serum, and the necessity for maintaining in the hospital a register of children already actively immunised against tetanus—which owing to shortage of room there, was very difficult—has now disappeared.

Intensive efforts have been made to immunise children against tetanus, and nearly 3,000 children under 15 were given this protection during 1963.

Health Education

The main emphasis in health education has been in regard to Home Safety and Water Safety. The Home Safety Committee is doing good work and our local newspaper, the *Express and Echo* has been helpful in publicising certain domestic risks. Health education should be developed more positively here.

Chiropody

An interruption in the chiropody service occurred owing to the resignation of the chiropodist and it was some months before it could be fully re-established. However, it is now developing well.

Mental Health

The Nichols Centre (Polsloe Road) was opened in July by Sir George Godber, Chief Medical Officer of the Ministry of Health, and was visited later in the year by Sir Bruce Fraser, the Permanent Secretary of the Ministry of Health. It has been decided to combine the two adult training centres for men and women into one centre. This is a natural development which will make for greater efficiency. Owing to difficulties of securing staff, the hostels in Nichols Centre were not opened until 1964. Expansion of the junior training centre premises to provide more satisfactory accommodation for the special care unit and also a much needed large hall, was agreed during the year. The work of the mental welfare officers is changing somewhat, rather less direct references being made by family doctors, who presumably, are now working more with the hospital staffs. Sometimes, however, it is felt that the patient would benefit from earlier reference to the department.

In 1963, a non-profit-making marketing company (Valexe Products Ltd.), was established with generous initial financial support from the Nuffield Provincial Hospitals Trust, in order to secure outlets for the work of those attending the training centre.

Ambulance Service Radio- telephony

Towards the end of the year, the Council agreed to introduce radio-telephony into the ambulance service, an improvement for which I have been asking for several years.

Fluoridation

Owing to the, as yet, unresolved litigation about the legality of fluoridation of water supplies in Watford, no progress was made in the City in regard to the Health Committee's proposal that this should be done. In America, fluoridation of water supplies has been increasingly adopted and in this country, Birmingham has given a valuable lead (1964). It is clear that the decision on this matter will fall, in part at least, to the East Devon Water Board which is to be reconstituted in 1964 to cover a large area, including Exeter with its Water Undertaking.

We were upset when a photograph appeared in October in a popular daily paper of a very elderly Exeter lady under the caption "Face of Loneliness," with apparently the old lady's statement that the neighbours popped in once a week, and by inference, that, otherwise, she was alone. In fact, the home helps had visited for a short time every weekday, the home nurses had made over 200 visits in nine months, meals on wheels had been supplied from time to time, and it was known other organisations had arranged visits. Old peoples' memories are often very uncertain and the picture presented was, undoubtedly, most misleading in its general effect. Few realise how much is done for old people in need by the public and voluntary services: our problem is to be sure that all who need care are enabled to get it.

As in previous years, information cards about the services available to them in the City from public and voluntary agencies, have been distributed to all newly retired persons when they receive their first pension book from the Ministry of Pensions. The response, by way of demand for further information, has been meagre; I have no doubt that many of these retirement pensioners will have forgotten all about it by the time they may really need the information, but despite our efforts, it has not been possible to have this card distributed at a later date, say, at about 70 to 75 years old, the age at which infirmity of some degree is more likely to commence. In these days, who can call persons of 65 old?

I feel that the National Assistance Act provisions for the removal of old people to hospital compulsorily are at times inadequate and inequitable inasmuch as if a hospital is not willing to take a case, it takes seven days to secure admission whereas if the individual only is unwilling, the matter can be dealt with in a few hours.

The final decision on the Boundary Commission recommendations to enlarge the City slightly by adding parts of Pinhoe, Alphington and Topsham, has not yet been reached.

Although it is not within the control of the City Council, it is worth recording that the building of the area Pathological Department with the Public Health Laboratory Service Laboratories has been started (March 1964) on the Wonford site as the first part of the new Royal Devon and Exeter Hospital, the new District Hospital for this area. There are also plans for substantial development in the City Hospital and the Orthopaedic Hospital. The new post-graduate Medical Institute under the aegis of the University and the Regional Hospital Board also commenced in 1963.

It is a pleasure to record that the Chairman of the Health Services Committee (Alderman Mrs. M. Nichols) was

honoured by being made Sheriff of the City during the year and that Miss E. M. Bryant, Superintendent of the Exeter Maternity and District Nursing Association, was awarded the M.B.E. in the New Year's Honours List, 1964.

Mrs. Ellen Tinkham, after whom the junior training centre is named, died in July : she was a former Chairman of the Maternity and Child Welfare Committee, keenly interested in its work and purpose.

Miss P. M. Kevan, who was the City Case Worker for unmarried mothers and their illegitimate children, died in October. She had worked zealously on behalf of the department and the Exeter Diocesan Association for the Care of Girls (St. Olave's) for many years. Her kindness to the hundreds of mothers she had helped and to young girls in difficulties was of quite an unusual order.

Acknowledg-
ments

All my staff have given loyal support throughout the year and worked well together : many of them have contributed to the completion of this Report. Apart from the named contributors, Dr. McLauchlan has contributed to the section on infectious disease and Dr. Ward that on the loss of infant life. The clerical staff under Mr. R. W. Stiles have given great help. Our relationship with the chief officers of the Council, the family doctors, the hospital consultants, the Hospitals and Executive Council and other administrative staff, the Government departments in the City, the University, the local voluntary bodies and the local press, have all been most cordial.

Finally, I acknowledge gratefully the constructive and generous encouragement given to the department and to me by the Chairman and Members of the Health Services and Public Health Committees, and of the Council generally.

I am,

Your obedient servant,

E. D. IRVINE.

CITY AND COUNTY OF THE CITY OF EXETER

The Mayor—

ALDERMAN W. G. DAW

PUBLIC HEALTH COMMITTEE

at Dec. 31st, 1963

Chairman—

COUNCILLOR W. N. BOORNE

Deputy Chairman—

COUNCILLOR L. J. SEWARD, O.B.E.

Alderman R. H. CREASY, D.L.

Alderman Mrs. M. NICHOLS, B.Sc.
(Sheriff of Exeter)

Alderman C. REW.

Councillor H. BRYANT.

Councillor W. H. BUTCHER.

Councillor T. B. H. CHAPPELL

Councillor D. S. HICKS.

Councillor P. HILTON.

Councillor A. M. HITT.

Councillor P. P. MACDIARMID, B.COM.

Councillor R. W. PYNE.

Councillor R. J. WILLIAMS.

HEALTH SERVICES COMMITTEE

at Dec. 31st, 1963

Chairman—

ALDERMAN MRS. M. NICHOLS, B.Sc.

Deputy Chairman—

COUNCILLOR Mrs. R. M. WICKINGS.

Alderman C. REW.

Councillor R. E. C. BOARD.

Councillor W. N. BOORNE.

Councillor T. B. H. CHAPPELL.

Councillor A. J. COMINS.

Councillor D. T. DARE.

Councillor D. M. FISHWICK.

Councillor P. HILTON.

Councillor W. HUNT.

Councillor P. P. MACDIARMID, B.COM.

Councillor Mrs. E. J. WHITWORTH.

(1 vacancy)

Co-opted Members—

Dr. C. W. MARSHALL.

Mrs. G. MORRISH.

Mrs. A. ROBB.

Mr. W. J. SELLEY.

Mrs. A. T. SOPER.

(2 Vacancies)

Town Clerk—

W. A. McSKIMMING, Esq.

STAFF.

PUBLIC HEALTH OFFICERS OF THE AUTHORITY.

(a) Medical.

Medical Officer of Health and Principal School Medical Officer.

EDWARD D. IRVINE, M.D. (Liv.), M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer.

G. P. McLAUCHLAN, M.B., CH.B., (Ed.) D.P.H., D.C.H.

Assistant Medical Officers of Health and School Medical Officers.

IRIS V. I. WARD, M.D. (Lond.), M.R.C.S., L.R.C.P., D.C.H.

(also Medical Supervisor of Midwives).

†CHARLES H. J. BAKER, M.R.C.S., L.R.C.P., D.P.H. (Lond.).

MARGARET CAMERON, M.B., CH.B., D.P.H.

Chest Physician (Part-time).

ROBERT P. BOYD, M.B., CH.B., D.P.H. (Glas.), F.R.F.P.S.G.

Principal Dental Officer.

†ALVIN PRYOR, L.D.S., R.C.S. (Eng.).

Dental Officers.

†R. B. MYCOCK, L.D.S. (Bris.)

†M. RADFORD, B.A., L.D.S., R.C.S. (Eng.)

†Mrs. R. M. BLOOD, L.D.S. (Liv.).

(b) Others.

Chief Public Health Inspector and Officer under the Food and Drugs Act, etc.

*F. G. DAVIES, F.R.S.H., F.A.P.H.I., A.M.I.P.H.E.

Deputy Chief Public Health Inspector.

*DENNIS MAYNARD, F.A.P.H.I., M.R.S.H.

Public Health Inspectors.

*S. T. AARON.

§*J. MUNDELL (from 16.4.63).

*J. T. BROWN.

*D. PECKHAM.

*A. C. LEWIS.

†*R. G. WEBB.

J. LUBY (Student P.H.I.)

Public Analyst.

C. V. REYNOLDS, PH.D., F.R.I.C.

† Duties mainly in connection with the Education Committee.

* All qualified Public Health Inspectors and Meat Inspectors.

‡ Smoke Certificate.

§ Diploma of the Institute of Shops Acts Administration.

Superintendent Health Visitor.

MISS C. M. WILKINSON, S.R.N., S.C.M., Q.N., H.V. Cert.

Health Visitors and School Nurses.

MISS L. M. BARRETT, S.R.N., S.C.M., (Pt. 1) H.V. Cert.

MISS G. M. BASTOW, S.R.N., S.C.M., (Pt. 1), H.V. Cert.

MISS B. BRAZIL, S.R.N., S.C.M., H.V. Cert.

MISS Y. CASELLI, S.R.N., R.F.N., S.C.M., H.V. Cert.

MISS H. E. K. CHAPMAN, S.R.N., S.C.M., (Pt. 1), H.V. Cert.

MISS M. J. COOK, S.R.N., S.C.M., (Pt. 1), H.V. Cert.

MRS. K. DUNHAM, S.R.N., S.C.M., (Pt. 1), H.V. Cert.

MISS A. H. EDDS, S.R.N., S.C.M., H.V. Cert.

MISS P. HORNE, S.R.N., S.C.M. (Pt.1), H.V. Cert.

MISS H. SHEWAN, S.R.N., S.C.M., (Pt. 1), H.V. Cert.

MRS. E. STANNARD, S.R.N., S.C.M., H.V. Cert.,

Public Health Inspector's Cert.

MISS L. E. WATHEN, S.R.N., S.C.M., H.V. Cert.

MISS B. M. BARNETT S.R.N., S.C.M., (Pt. 1), H.V. Cert.
(sponsored student 1963/64).

Tuberculosis Visitor.

MISS A. DAWSON, S.R.N., S.C.M., (Pt. 1), H.V. Cert., B.T.A.

Day Nursery—Matron.

MISS J. BRYAN.

(Warden (1), Nursery Assistants (4))

Organiser, Domestic Help Service.

MISS M. DAVIES, S.E.A.N.

Chiropody Service.

L. E. CLUBB, M.Ch.S., M.Phy.A. (resigned 17/9/63)

S. BRADLEY, M.Ch.S. (from 2.12.63)

*MISS F. M. NASH, M.Ch.S. (from 7.10.63)

Mental Health Services.

Senior Mental Welfare Officer.

W. H. A. WESTON, Dip. in Sociology (London).

Mental Welfare Officers.

L. N. CLARK, R.M.P.A.

N. S. COOMBS (from 10.9.62).

E. J. LOCK.

MISS W. G. SHEARS.

Social Worker (Part-time).

MRS. M. A. MUNDAY, B.A. (Resigned 9.7.63)

MRS. L. AARON, S.R.N., S.C.M., H.V. Cert. (from 21.10.63)

Junior Training Centre, (Ellen Tinkham House)

Supervisor :

MRS. A. M. HORTON, Dip. N.A.M.H.

Assistants:

MISS A. E. VICKERY.

MISS J. PAPPIN.

MISS F. CROOK, Dip. N.A.M.H.

MISS E. DUVALL.

Nichols Centre.

Matron : MRS. E. CAVE, S.E.N., S.C.M. (from 1.11.63).

Women's Training Centre Supervisor.

Supervisor: MRS. E. WOOD.

Assistant: MRS. R. MARSH.

Men's Training Centre.

Instructor: W. J. CHANNON.

Assistant: MR. J. L. MALINOWSKY.

Gardener Instructor: MR. W. E. DAVENPORT, Kew Cert. (from 27.5.63).

MISS D. K. BARTLETT: *Teacher* (part time).

MRS. S. VINER: *Dancing Instructress* (Part-time) 4.10.63.

Chief Administrative Assistant.

R. W. STILES, N.A.L.G.O. Cert.

Administrative Assistant.

E. R. McKEAN, A.C.C.S.

Clerical Staff.

G. H. WHITLEY.

G. A. GIBSON

F. HADFIELD.

MRS. M. M. PAYNE.

Miss P. EVES-DOWN.

I. F. COX.

R. N. ALFORD.

Miss E. L. BARRINGER.

Miss S. M. BROWSE
(resigned 30/9/63).

*Mrs. M. CASH.

MRS. R. J. CHILDS (from 16/4/63)
(resigned 17/5/63).

Miss C. CLARKE.

*Mrs. E. M. COURTNEY.

Miss C. M. DUNN.
(resigned 25/8/63)

Miss P. C. B. FOSTER (from
16/4/63).

*Mrs. M. J. GRIGG.

Miss E. M. HOSEGROVE.

*Mrs. D. MAUNDER.

Mrs. M. M. McGETTIGAN.

Miss M. N. NOEL.

R. G. PHILLIPS.

Mrs. C. I. PIM.

Miss S. K. PRANCE (from
12/8/63).

Miss D. PURCHASE (from
25/11/63).

Mrs. P. SMITH. (from 30/12/63).

Mrs. M. G. STADDON (from
6/8/63) (to School Health Dept.
29/12/63).

F. J. WEDLAKE.

*Part-time, temporary.

**Principal Officers (Staff) of Voluntary Associations Acting as Agents of the
City Council.**

Exeter Maternity and District Nursing Association.

Superintendent—Miss E. M. BRYANT, S.R.N., S.C.M., Q.N. also
Non-Medical Supervisor of Midwives.

Secretary — MRS. S. M. WALSH.

St. John Ambulance Association.

Organising Secretary — CAPTAIN F. G. IRELAND.

Exeter Diocesan Association for the Care of Girls.

Social Worker: MISS P. M. KEVAN (deseased 19/10/63).

Vacancy not filled at end of year.

GENERAL STATISTICS

Area in acres	9,137
Population (1961 Census)	80,321
Population (Estimated Civilian) Mid-year 1963	79,690
Rateable Value (as at 1/4/64)	£4,497,412
Sum represented by a penny Rate (Estimate 1/4/64)	£17,900

VITAL STATISTICS

Population (1963, mid-year estimate, Registrar General) 79,690

	RATES	
	<i>Exeter.</i>	<i>England and Wales.</i>
	1963	1963†
Live Births, 1,324.		
Legitimate, total 1,232 ; male 599, female 633.		
Illegitimate, total 92 ; male 45, female 47.		
Live Birth Rate (Crude) per 1,000 population	16.6	
Live Birth Rate (Adjusted) per 1,000 population	16.4*	18.2
Illegitimate Live Births per cent of total live births	6.9	
Stillbirths, 18 (12 male, 6 female).		
Stillbirths, Rate per 1,000 total (live and still) births.	13.4	17.2
Total Live and Stillbirths, 1,342.		
Infant Deaths, 21		
(Legitimate : 9 males, 8 females,		
Illegitimate : 1 male, 3 females).		
Infant Mortality Rate (Deaths of infants under 1 year, per 1,000 live births)	15.9	21.1
(Legitimate 13.8 ; Illegitimate 43.5).		
Neonatal Deaths (deaths of infants under four weeks) 13		
(Legitimate : 5 males, 8 females).		
Neonatal Mortality Rate per 1,000 total live births	9.8	14.2
Early neonatal deaths, (deaths of infants under 1 week of age) 13.		
Perinatal Mortality Rate (Stillbirths and deaths of infants under one week) per 1,000 total births (live and still)	23.1	29.3
Maternal Deaths (including abortion)	Nil.‡	
Maternal Mortality rate per 1,000 total births (live and stillbirths)	Nil.‡	
Deaths : 1,112, (male 508, female 604)		
Death Rate (crude) per 1,000 population	14.0	
Death Rate (adjusted) per 1,000 population	11.9*	12.2
Tuberculosis Mortality Rate per 1,000 population	0.11	
(Pulmonary (5 males, 3 females))		
(Non-Pulmonary (1 male))		
Deaths from Measles (all ages)	Nil.	
Deaths from Whooping Cough (all ages)	Nil.	
Deaths from Gastro-enteritis (all ages)	5	
Deaths from Diphtheria (all ages)	Nil.	
Marriages : 612		
(Persons marrying per 1,000 population)	15.4	14.9

* Adjusted by the use of the Registrar General's comparability factor to allow for the age and sex constitution of the population. (0.85 for death rate, 0.99 for birth rate).

† Provisional figures (Registrar General's Quarterly Returns No. 462, 1964).
See page 22.

Table I.

MID-YEAR POPULATION. (Registrar-General's estimates).

Year	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Exeter	76,900	77,100	77,000	76,900	76,900	77,400	77,450	78,570	78,950	79,690

The Registrar General's estimate of population has been used throughout this report. The Census 1961, shewed Exeter's population then to be 80,321.

The natural increase (excess of live births over deaths) during 1963 was 212.

EMPLOYMENT

The principal occupations in the City are in the distributive trades, engineering, clothing, hotel and catering, and building trades, civil engineering and in administration. Miss I. E. Priaulx, Manager of the Exeter Employment Exchange tells me that "The severe weather during the early months of the year affected the unemployment rate, which rose to 3.4% in the peak month of February. Most of the workers involved in the temporary stoppage were employees from the building and civil engineering industries. When the weather improved, however, employment became fairly stable again and the lowest unemployment rate of 1.4% was reached in July. The year ended on a favourable note, the December figure of 1.8% was lower than that of the previous December and below the national average of 2.0%.

"Throughout the year, skilled workers and men capable of hard manual work were in demand, particularly for the construction and service industries, but some difficulty was experienced in the placing of elderly and less able persons.

"A redundancy occurred at an old established engineering firm, but most of the workers released so far have been absorbed elsewhere and the final number to be discharged within the next few months is expected to be less than first quoted.

"The estimated working population shewed an increase on 1962 and in June it stood at 45,600."

NOTIFICATION OF BIRTHS

The birth notifications shewed that 2,324 live births and 438 stillbirths occurred in the City in 1963. 2 notifications were made by doctors, the rest by midwives. The table sets out the details:

Table II.
NOTIFICATIONS OF BIRTHS

PLACE OF BIRTH	EXETER RESIDENTS		EXETER NON RESIDENTS		TOTAL	
	Live births	Still births	Live births	Still births	Live births	Still births
Domiciliary	304	—	8	—	312	—
Hospitals	969	18	957	24	1,926	42
Mother and Baby Homes	4	—	68	1	72	1
H.M. Borstal Institution	—	—	14	—	14	—
TOTALS	1,277	18	1,047	25	2,324	43

“Transfers-in” (by other authorities) :
Domiciliary 4
Hospitals 2
Nursing Homes 4 } 10—all live births.

Additionally, we know (from the Registrar General’s inward transfers) of 14 births to Exeter mothers who were confined elsewhere than in Exeter and which were not “transferred-in” by notification :

Domiciliary 3
Hospitals 7
Nursing Homes 4 } 14—all live births.

Thus we know of 1,319 births (including 18 stillbirths) to EXETER mothers, 24 of whom were confined elsewhere than in the City : 311 (24%) took place at home and 1,008 (76%) in hospitals, nursing homes, etc. Among the 1,319 births notified, there were 17 sets of twins.

The Registrar General’s return to us for the purposes of this annual report gives the number of births as 1,342 (including 18 stillbirths).

Table III.
LIVE BIRTH RATE

(The number of live births during the year per 1,000 population)

Year	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
Live Birth Rate : England and Wales	15.2	15.0	15.7	16.1	16.4	16.5	17.1	17.4	18.0	18.2
Live Birth Rate : (crude)	14.3	14.5	14.0	15.2	15.1	14.6	15.0	15.3	15.5	16.6
Exeter : (corrected)†	14.5	14.6	14.1	15.4	15.3	14.7	15.2	15.5	15.6	16.5
Illegiti. as percentage of total live births : Exeter	6.2	6.2	4.3	4.8	5.4	5.5	5.3	6.7	7.9	6.9
England and Wales*....	4.7	4.7	4.8	4.8	4.9	5.1	5.4	6.0	7.0	N.A.

*R.G.’s Statistical Review for England and Wales 1962 (Part II).
†Corrected by the R.G.’s comparability factor (0.99).
N.A.—Not available.

Table IV.

DISTRIBUTION OF DEATHS BY AGE AND CAUSE.
REGISTRAR GENERAL'S FIGURES 1963.

	Under 1		1-4*		5-14*		15-24*		25-44*		45-64*		65-74*		75 and over		Total		GRAND TOTAL	1962 Totals
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
1 Tuberculosis, respiratory	—	—	—	—	—	—	—	—	—	—	2	—	2	2	1	1	5	3	8	7
2 Tuberculosis, other	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	1
3 Syphilitic disease	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—
4 Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5 Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6 Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7 Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8 Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9 Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1	2
10 Malignant neoplasm, stomach	—	—	—	—	—	—	—	—	—	—	5	2	8	2	—	4	13	8	21	25
11 Malignant neoplasm, lung, bronchus	—	—	—	—	—	—	—	—	1	—	16	3	12	3	1	3	30	9	39	40
12 Malignant neoplasm, breast	—	—	—	—	—	—	—	—	—	—	—	10	—	—	—	4	—	22	22	21
13 Malignant neoplasm, uterus	—	—	—	—	—	—	—	—	—	—	—	4	—	1	—	3	—	8	8	7
14 Other malignant and lymphatic neoplasms	1	—	—	—	—	—	1	—	1	1	13	17	9	15	13	17	38	50	88	103
15 Leukaemia, aleukaemia	—	—	—	—	—	—	—	—	—	—	2	3	1	2	1	—	5	5	10	6
16 Diabetes	—	—	—	—	—	—	—	—	—	—	1	1	1	—	1	1	3	2	5	7
17 Vascular lesions of nervous system	—	—	—	—	—	—	—	—	—	1	8	14	15	27	30	40	53	82	135	146
18 Coronary disease, angina	—	—	—	—	—	—	—	—	—	—	41	14	39	23	48	47	130	84	214	179
19 Hypertension with heart disease	—	—	—	—	—	—	—	—	2	—	2	1	3	2	2	8	7	11	18	20
20 Other heart disease	—	—	—	—	—	—	—	—	—	1	6	5	10	12	35	82	51	100	151	133
21 Other circulatory disease	—	—	—	—	—	—	—	—	1	—	2	4	6	5	10	20	19	29	48	43
22 Influenza	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	3	—	7	7	6
23 Pneumonia	1	—	—	—	—	—	—	—	1	—	5	3	6	8	16	36	29	47	76	52
24 Bronchitis	—	—	—	—	—	—	—	—	—	—	11	3	10	9	15	24	36	36	72	47
25 Other diseases of respiratory system	—	—	—	—	—	—	—	—	—	—	3	—	2	3	3	—	8	3	11	6
26 Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	1	—	3	—	3	—	—	1	7	1	8	13
27 Gastritis, enteritis and diarrhoea	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	3	—	5	5	8
28 Nephritis and nephrosis	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	1	3	5	8	4
29 Hyperplasia of prostate	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	—	5	—	5	5
30 Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
31 Congenital malformations	4	3	—	—	—	—	—	—	—	1	—	1	—	—	1	—	5	5	10	17
32 Other defined and ill-defined diseases	3	8	—	—	—	—	—	—	2	2	7	6	7	11	12	31	31	59	90	71
33 Motor vehicle accidents	—	—	—	—	—	—	—	—	—	—	2	—	2	1	1	—	7	3	10	15
34 All other accidents	1	—	—	—	—	—	—	—	1	1	3	—	—	2	6	7	11	10	21	22
35 Suicide	—	—	—	—	—	—	—	—	2	2	5	4	—	1	1	1	9	8	17	17
36 Homicide and operations of war	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—
	10	11	2	2	—	1	2	3	16	10	139	96	137	144	202	337	508	604	1,112	1,027

ACCIDENTAL DEATHS

In 1963 the Registrar General ascribed 21 deaths (11 males and 10 females) to accidents other than motor vehicle accidents. Our classification of deaths, however, shows only 17 deaths (8 males and 9 females) from these causes, viz. :—

By drowning 2 (2 men) ; by falls 11 (3 men and 8 women— all over 70 years of age) ; 1 fall from a ladder (a painter aged 48 years) ; by barbiturate poisoning 1 (a man of 54 years) ; 1 by alcohol (a woman aged 36) and 1 carbon monoxide poisoning (a man of 92 years).

MOTOR VEHICLE ACCIDENTS

The Registrar General ascribed 10 deaths (7 males and 3 females) to vehicle accidents. Our classification of deaths from this cause, shows only 9 (7 males and 2 females) ; 5 deaths involved elderly people crossing the road ; 3 others (men) were drowned in their car in the Canal and the remaining 1 was a female aged 15 years killed on a motor cycle.

SUICIDES

There were 17 suicides in Exeter (9 males and 8 females). Age groups as follows :—

15—24	25—34	35—44	45—54	55—64	65—74	75 & over
1 male	1 male 1 female	1 male 1 female	2 males 3 females	3 males 1 female	1 female	1 male 1 female

HOMICIDES

There were two homicides (twins aged 14 months) by carbon monoxide poisoning—manslaughter. These two children died in 1962 and the deaths were registered in 1963.

Table V.

DEATH RATE

(The number of deaths *registered* during the year per 1,000 population)

Year	....	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
England and Wales	...	11.3	11.7	11.7	11.5	11.7	11.6	11.5	12.0	11.9	12.2†
Exeter	Crude	12.9	12.4	13.3	11.8	13.6	13.3	12.9	13.1	13.0	14.0
	Adjusted*	11.1	10.6	11.9	10.4	11.8	11.1	11.0	10.9	10.9	11.9

*Adjusted by application of the Registrar-General's comparability factor (which is at present 0.85) this factor takes into account the age and sex distribution in the city as compared with that in the country as a whole.

†Provisional.

Table VI.

DEATHS BY SEX, AND CERTAIN AGE GROUPS.

DEATHS AT:	1963			1962			1961		
	Total	Males	Females	Total	Males	Females	Total	Males	Females
0—14	26	12	14	38	18	20	33	18	15
15—64	266	157	109	252	145	107	244	155	89
65 and over	820	339	481	737	343	394	751	319	432
	1,112	508	604	1,027	506	521	1,028	492	536

DEATHS AT ALL AGES.

CAUSE :	1963			1962			1961		
	Total	Males	Females	Total	Males	Females	Total	Males	Females
Infective	99	51	48	79	43	36	77	41	36
Cancer	188	103	85	202	111	91	194	105	89
Degenerative	571	281	290	533	271	262	528	266	262
Others	254	128	126	213	109	104	232	116	116
TOTAL	1,112	508	604	1,027	506	521	1,031	492	539

In this table : " Infective " includes Causes 1—9 and 22, 23 and 27.

" Cancer " includes Causes 10—15.

" Degenerative " includes Causes 16—21 and 29.

" Others " all the rest of the 36 Causes given in the Registrar General's short classification of causes of deaths.

DEATHS IN HOSPITALS AND NURSING HOMES

505 or 45.4% of all the deaths in Exeter residents occurred in hospitals and nursing homes.

MORTALITY IN CHILD-BEARING AND INFANCY.

The following composite table gives useful information regarding child-bearing and infancy for the past 23 years :—

Table VII.

MORTALITY IN CHILD-BEARING AND INFANCY IN EXETER 1941 — 1963.

Year	Maternal Deaths	Maternal Mortality Rate	Registered		Live Birth Rate (adjusted)	Stillbirths Rate per 1,000 total Live and Stillbirths	Neonatal Deaths (i.e. under 1 month)	Deaths over 1 month and under 1 year	Infant Mortality Rate per 1,000 live births	Stillbirths and neonatal deaths	Perinatal Death Rate*	5 year average centred on year concerned*
			Live Births	Still-Births								
1941	5	4.1	1,027	35	12.8	32.9	42	37	68.0	77	73	62
1942	3	2.7	1,065	31	14.4	29.2	32	21	49.8	63	57	60
1943	3	2.8	1,051	35	15.3	32.2	35	16	48.5	70	64	58
1944	8	5.8	1,334	36	19.5	26.3	32	27	44.2	63	46	53
1945	4	3.1	1,246	29	18.0	23.3	33	37	56.2	66	52	52
1946	4	2.7	1,444	42	19.8	28.3	45	25	48.5	67	45	48
1947	4	2.7	1,428	34	19.2	23.2	47	35	57.4	81	55	48
1948	2	1.5	1,316	42	17.5	30.9	15	9	18.2	57	42	46
1949	1	0.8	1,192	31	15.6	25.3	25	5	25.2	56	46	47
1950	1	0.9	1,130	22	14.6	19.1	28	8	31.8	50	43	44
1951	—	—	1,098	33	14.4	29.1	24	9	30.0	57	50	45
1952	1	0.9	1,101	27	14.4	23.9	18	6	21.8	45	40	46
1953	—	—	1,152	20	15.0	17.0	36	12	41.6	56	48	
1954	—	—	1,102	41	14.5	35.0	17	12	26.3	58	51	
1955	1	0.9	1,115	26	14.6	22.8	12	7	17.0	38	36	
1956	—	—	1,021	20	14.2	18.2	22	10	29.6	42	36	
1957	—	—	1,171	24	15.2	20.1	19	2	17.9	36	34	36
1958	1	0.8	1,163	23	15.3	19.4	18	2	17.2	38	32	34
1959	2	1.7	1,133	35	14.7	29.9	14	4	15.5	48	40	35
1960	—	—	1,162	22	15.2	18.6	13	4	14.6	34	29	35
1961	2	1.6	1,206	28	15.5	22.7	24	5	24.0	52	39	35
1962	1	0.8	1,221	27	15.6	21.6	18	7	20.5	45	34	
1963	—	—	1,224	18	16.5	13.4	13	8	15.9	31	23	

*Perinatal deaths here include stillbirths and deaths within 28 days of birth up to and including 1954. Since then, stillbirths and deaths within 7 days of birth only, have been included as perinatal deaths.

MATERNAL DEATHS

An expectant mother aged 25 died in March, the cause of death being certified after post-mortem examination, as cerebral haemorrhage, hypertension. She was about five months pregnant and death was due to cerebral intraventricular haemorrhage, probably from the rupture of a small haemangiomatic deformity (tumour) of fine blood vessels, as a result of a temporary rise in blood pressure during the pregnancy ; these congenital angiomas are known sometimes to enlarge during pregnancy. This was a completely unavoidable death, and may be counted as a death associated with pregnancy but not due to it. It has been assigned as due to cerebral haemorrhage.

LOSS OF CHILD LIFE.

(Much of the information in this Section is set out here for medical record purposes and some of the terms used may not be readily understood by non-medical readers).

INFANT DEATHS, 1963

21 infant deaths were registered in 1963, including one of a child who had died in December, 1962 (this was a death at 2 days, in a low weight baby due to respiratory disorder (hyaline membrane) after Caesarean section. The rate (15.9 per 1,000 live births) shows a very welcome reduction on last year's figure (20.5).

A. NEONATAL DEATHS (i.e. under 4 weeks).

13 of these deaths occurred in the neonatal period (i.e. the first 4 weeks of life) including 9 on the 1st day and the remaining 4 within the 1st week of life.

Causes of Deaths :

					1st wk. Deaths	1-4 wks. Deaths	P.M. exam made
Congenital abnormality	....	....	....		4	—	4
Prematurity	....	....	....	....	5	—	3
Difficult labour	....	....	....	....	1	—	1
Inattention at birth	....	....	....		1	—	1
Respiratory	....	....	....	....	2	—	2
Totals					13	—	11

8 were low-weight babies.

B. DEATHS IN CHILDREN AGED 4 WEEKS TO 1 YEAR.

There were 8 deaths in this group, 4 being due to congenital abnormality, 3 to respiratory causes and one to malignant disease. Post-mortem examinations were made in 6 cases. 1 was a low-weight baby.

The overall picture of causes for the 21 deaths is :—

Congenital abnormality	....	....	8
Prematurity	....	....	5
Respiratory	....	....	5
Difficult labour	....	....	1
Malignant disease	....	....	1
Inattention at birth	....	....	1
			<hr/> 21 <hr/>

INFANTILE MORTALITY

The following table shows the infantile mortality rate in Exeter over the past ten years compared with the country as a whole :—

Year	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
England and Wales	25.5	24.9	23.8	23.0	22.5	22.0	21.9	21.6	21.4	20.9
Exeter	26.3	17.0	29.6	17.9	17.2	15.5	14.6	24.0	20.5	15.9

ABORTIONS

42 abortions occurring in Exeter mothers were attended on the district and 58 in the Royal Devon and Exeter Hospital. We do not know of any others.

There were no deaths of mothers because of abortions.

Table VIII.
INFANT DEATHS IN 1963

CAUSES OF DEATH	Total	NEONATAL				1st YEAR		Male	Female	Legitimate	Illegitimate	Post mortem Exams.	Prematurity	Complicated Pregnancy	Complicated Labour	PLACE IN FAMILY			
		Under 1 day	1—28 days	1—3 months	3—12 months	1	2									3	4		
Congenital abnormality	8	2	2	2	2	4	4			7	1	7	1	5	3	5	1	1	1
Prematurity ...	5	4	1	—	—	2	3			5	—	3	5	3	2	4	1	—	—
Respiratory ...	5	1	1	3	—	2	3			3	2	4	3	2	2	1	1	2	1
Difficult labour	1	1	—	—	—	—	1			1	—	1	—	—	1	—	—	1	—
Malignant disease																			
Carcinoma ...	1	—	—	—	1	1	—			1	—	1	—	—	—	1	—	—	—
Inattention at birth ...	1	1	—	—	—	1	—			—	1	1	—	—	—	1	—	—	—
TOTALS	21	9	4	5	3	10	11	21		17	4	17	9	10	8	12	3	4	2
		21								21						21			

Table IX.

STILLBIRTHS, 1963

WEIGHT	Total	Male	Female	Born home	Born Mowbray Maternity Hospital	Born hospital	Complicd. pregnancy	Complicd. labour	Post mortem Exam.	CAUSES							A.P.H.	
										Legitimate	Illegitimate	Toxaemia	Congenital abnorm.	Birth injury	Maternal illness	Difficult labour		Not known
2 lbs. 3 ozs. or less	3	1	2	—	—	3	3	3	2	3	—	1	—	—	—	—	1	1
Over 2 lbs. 3 ozs. up to and including 3 lbs. 4 ozs.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Over 3 lbs. 4 ozs. up to and including 4 lbs. 6 ozs.	7	6	1	—	—	7	7	3	3	6	1	3	1	—	—	—	—	1
Over 4 lbs. 6 ozs. up to and including 4 lbs. 15 ozs.	2	1	1	—	1	1	1	1	1	1	1	—	—	—	—	1	1	—
Over 4 lbs. 15 ozs. up to and including 5 lbs. 8 ozs.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Over 5 lbs. 8 ozs.	6	4	2	—	3	3	1	4	5	5	1	1	—	2	—	1	2	—
TOTALS	18	12	6	—	4	14	12	11	11	15	3	7	1	2	—	2	4	2
										18			18			18		

STILLBIRTHS, 1963

There were 18 stillbirths in 1963 giving a stillbirth rate of 13.4 per 1,000 total births. The rate for England and Wales was 17.2.

PREMATURE (OR LOW-WEIGHT) STILLBIRTHS

12 of the stillbirths were babies of low weight and 4 of them died before labour began. 3 were of very low weight—2 lbs. 3 ozs. or less. Post mortem examinations were carried out on 6 of the 12 cases. There was only one case of congenital abnormality—an anencephalic foetus. There were complications of pregnancy in 7 of the 12 cases.

Causes : Maternal toxæmia 6 ; congenital abnormality 1 ; difficult labour 1 ; ante partum hæmorrhage 2 ; not known 2.

FULL-TERM STILLBIRTHS

The weights of the full term stillbirths ranged from 6 lbs. 2 ozs. to 7 lbs. 15 ozs. Post mortem examinations were carried out on 5 of the 6 cases. Pregnancy was complicated in one case only.

Causes : Toxæmia 1 ; birth injury 2 ; difficult labour 1 ; not known 2.

The overall picture is:

Total stillbirths	....	....	....	18	
Total Post mortems made	....	....		11	
<i>Causes:</i>					
Toxæmia	....	....	....	7	} 18
Congenital abnormality	....	....		1	
Birth injury	....	....	....	2	
Difficult labour	....	....	....	2	
Ante partum hæmorrhage	....	....		2	
Not known	....	....	....	4	

CONGENITAL ABNORMALITIES, 1954-1963

(See Appendix I)

PERI-NATAL DEATHS, 1963

The peri-natal deaths numbered 31 (18 stillbirths and 13 deaths in the first week of life). The peri-natal mortality rate was 23.1 per 1,000 total births. The causes of the 13 first week deaths were :—

Prematurity	5	} 13
Congenital Abnormality	....	....		4
Respiratory	....	....	....	2
Difficult labour	....	....	....	1
Inattention at birth	....	....		1

The causes of the 18 still births have been discussed on page 25.

Summarizing, the causes of the 31 peri-natal deaths were :—

Prematurity	5	} 31
Congenital Abnormality	....	....		5
Respiratory	....	....	....	2
Difficult labour	....	....	....	3
Inattention at birth	....	....		1
Toxaemia	....	....	....	7
Birth injury	....	....	....	2
Antepartum haemorrhage	....	....		2
Not known	....	....	....	4

SOCIAL GRADING OF PREMATURE BIRTHS, STILLBIRTHS AND INFANT DEATHS, 1963

<i>Father's Social Class (R.G.)</i>					<i>Exeter Social Class Distribution per 1,000 total population (Census : 1951)</i>	<i>Premature Births</i>	<i>Still- births</i>	<i>Infant Deaths</i>
Class	I	(Professional etc. Occupations)	....	....	39	5	—	—
„	II	(Intermediate)	....	....	160	9	3	—
„	III	(Skilled Occupations)	....	....	566	40	12	8
„	IV	(Intermediate Occupations)	....	....	112	6	—	1
„	V	(Unskilled)	....	....	123	13	1	5
Student	....	....	....	....	—	6	—	2
Unemployed	....	....	....	....	....	3	3	2
Not known	....	....	....	....	....	3	2	—
Illegitimate	....	....	....	....	....	1	—	—
TOTALS					1,000	86	21	18

PREMATURITY, 1963

106 children of low birth weight ($5\frac{1}{2}$ lb. or less) were born in 1963 (8% of all births); 12 of them were stillborn and have already been discussed.

Of the 94 live births (7% of the live births) 7 died within the first day of life. Neither of the two babies born alive and weighing 2 lbs. 3 ozs. or less survived. 1 died at 7 weeks of age from a chest infection.

Of the 86 survivors, 1 had talipes, 1 has hydrocephalus and a meningocele.

It should be noted that one infant death in a low weight baby registered in 1963 but which had occurred in 1962 is not referred to in this section (see page 22).

16 of these live born babies were full term small children born up to a week before, or several days after, the expected date of delivery.

8 mothers had toxæmia of pregnancy, 4 being severe (pre-eclamptic toxæmia); 14 babies were twins. No cause for "prematurity" was found in 50 cases.

		1956	1957	1958	1959	1960	1961	1962	1963
Low-weight Live Births as percentage of Live Births :	Exeter	8.6	8.4	6.8	8.2	7.2	6.5	5.4	7.1
	England & Wales†	7.0	7.0	6.8	6.7	6.7	6.7	7.6	N.A.
Low-weight Live and Stillbirths as percentage of total Live and Stillbirths :	Exeter	9.6	8.5	7.5	9.5	8.7	7.7	6.8	7.9
	England & Wales†	7.8	8.0	7.8	7.7	7.7	7.7	7.5	N.A.

† Figures derived from Chief Medical Officer's Report to Ministry of Health.

N.A.—Not available.

Table X.
PREMATURE LIVE AND STILLBIRTHS, 1963.

Notified Premature Still-births			Weight		Born at		Survivors at end of 1963	PREMATURE LIVE BIRTHS				Believed causes of Prematurity.						
Born at home	Born in hospital	Born in Mowbray House Maternity Hosp.	Over and inclg.	Up to	Home	Hos- pital		Deaths during 1963—Age at death.	Under 1 day	Over 1 day, under 1 week	Over 1 week, under 4 weeks	Over 4 weeks	Not known	Toxaemia	A.P.H.	Twin	Full-Term, Small	
—	3	—	—	2 lbs. 3 ozs.	—	2	—	2	—	—	—	2	—	—	—	—	—	
—	—	—	2 lbs. 3 ozs.	3 lbs. 4 ozs.	—	3	3	—	—	—	—	2	—	1	—	—	—	
—	7	—	3 lbs. 4 ozs.	4 lbs. 6 ozs.	—	19	17	2	—	—	—	11	4	1	2	1	1	
—	1	1	4 lbs. 6 ozs.	4 lbs. 15 ozs.	2	17	18	1	—	—	—	12	1	1	2	3	3	
—	—	—	4 lbs. 15 ozs.	5 lbs. 8 ozs.	13	38	48	1	1	—	1	23	3	3	10	12	12	
—	11	1	Totals		15	79	86	6	1	—	1	50	8	6	14	16	16	
12					94											94		

CANCER

DEATHS

The total number of deaths in Exeter residents in **1963** primarily due to cancer was 182 but in another 13 cancer was certified as a secondary cause—i.e. contributed to death though not the main cause.

Cancer of the lung and bronchus continued to take its toll killing 30 men and 9 women ; 34 of these were over 55 years of age (the corresponding deaths for 1962 numbered 33 men ; 7 women).

CANCER REGISTRATIONS

The Regional Cancer Records Bureau (Director, Mr. Reginald Vick, F.R.C.S.) has not yet been able to send me details for 1963 but has kindly sent me the information set out below about new registrations of cancer patients (Exeter residents) in the year 1962. The number shows an increase over those registered in recent years, almost all of it among women, and mainly among those over 70 years old. Among women, registrations of cancer of the digestive organs and peritoneum, of the breast and of the genito urinary organs, all showed sharp increases. Registrations of cancer of the respiratory system in women also increased. It must be remembered that in the city there are nearly twice as many women alive over 70 as men.

CERVICAL CYTOLOGY

There is increasing public demand for “ screening ” in relation to the usual kind of cancer of the womb, in order to detect it as early as possible. The South Western Regional Hospital Board is endeavouring to train the technicians necessary to examine, under the supervision of the pathologists, the large numbers of specimens that will be taken. When this is done, screening on a wide scale becomes a practical proposition, and no doubt, the Council will provide facilities in its clinics for all women of the appropriate age ranges who wish to be medically examined for this purpose at the requisite intervals ; probably at first, it will be offered to women aged 30 to 50, at three yearly intervals, but the age range will, no doubt, be widened and the intervals narrowed as the scheme gets under way.

EXETER RESIDENTS
REGISTRATIONS BY AGE, SITE AND SEX
FOR YEAR 1962

		Under 20	20—29	30—39	40—49	50—59	60—69	70+	TOTAL 1962	TOTAL 1961
140—148 Buccal cavity & Pharynx	M	—	—	—	1	3	1	1	6	6
	F	—	—	—	—	—	1	—	1	2
150—159 Digestive organs & Peritoneum	M	—	—	1	—	8	11	15	35	36
	F	—	—	1	1	6	17	23	48	27
160—165 Respiratory system	M	—	—	—	2	9	12	6	29	27
	F	—	—	—	—	4	1	3	8	6
170 Breast	M	—	—	—	—	—	—	—	—	—
	F	—	—	3	3	11	10	15	42	28
171—181 Genito-urinary Organs	M	1	1	1	—	2	6	13	24	25
	F	—	—	1	4	11	11	9	36	27
190—191 Skin	M	—	—	1	2	3	3	6	15	13
	F	—	—	1	1	3	—	9	14	21
192—199 Other & unspecified sites	M	—	—	—	1	2	4	2	9	9
	F	—	—	—	1	1	5	4	11	5
200—205 Lymphatic & haematopoietic tissues	M	2	—	1	—	1	—	1	5	4
	F	1	—	—	1	1	2	3	8	8
TOTAL		4	1	10	17	65	84	110	291	244

PUBLIC WATER SUPPLY

All Exeter's houses (approximately 24,250) with six exceptions were supplied with water direct from the mains, the water being derived from the River Exe and treated at the City Council's Water Works at Pynes. The supply remained satisfactory in quality and quantity throughout the year. The results of

bacteriological examinations by the Public Health Laboratory Service are set out in table XII and examples of the City Analyst's chemical analysis findings are shown. The City Engineer and I work closely together in the supervision of the purity of the supply.

I am indebted to the City Engineer and Surveyor, Mr. J. BRIERLEY, M.I.C.E., M.I., MUN.E., M.T.P.I., for the following notes :—

Treatment of the supply from the River Exe followed the normal sequence of (1) breakpoint chlorination of the raw water and dosage with aluminium sulphate ; (2) settlement in open tanks, capacity 4 million gallons ; (3) filtration by pressure filters ; (4) lime dosage for pH correction ; (5) adjustment of chlorine residual by electronic apparatus ; (6) pumping to Service Reservoirs.

The average doses of chemicals used for treatment were :—chlorine for sterilization 4.1 p.p.m. ; aluminium sulphate for coagulation 19.6 p.p.m. ; hydrated lime to raise alkalinity to 8 pH, 10.9 p.p.m. ; sulphur dioxide for removal of excess chlorine 0.3 p.p.m.

The rainfall for the year, measured at Danes Castle, Exeter, was 35.94 inches, compared with 29.01 inches in 1962 and the long term average rainfall of approximately 31.0 inches. The average daily consumption for all purposes was 4,874,000 gallons compared with 4,693,000 in 1962, and the peak consumption, which occurred during severe frost in February, was 5,460,000 gallons per day.

The estimated population supplied was 90,389 (Exeter 81,155, St. Thomas R.D. 9,234) and the average daily consumption per head, including trade, was 53.92 gallons.

The year was notable for the extremely cold weather which prevailed from the end of December 1962 to the middle of February. During this period of approximately eight weeks the temperature rarely rose above freezing point, the minimum temperature recorded being 12°F, and the Water Department experienced one of its most anxious and difficult times. The formation of ice at the River Intake, which reached a thickness of twelve inches, necessitated daily visits by workmen to break up the ice and similar operations had to be carried out to keep the waterways clear of ice in the open Settling Tanks at Pynes Water-works.

Stand pipe supplies had to be afforded in streets where whole groups of houses were without water due to the freezing of the service pipes and for some isolated houses water was carted in tanks. The frost caused a great deal of damage, some eighty burst mains having to be repaired by the Department and over a hundred house services. It is estimated that the amount of water lost due to leakages over a period of two months exceeded half a million gallons per day.

Work commenced in April, 1963 on the construction of the 1 m.g. reservoir at Barley Lane to augment the existing reservoir

of 0.25 m.g. which supplies the higher levels to the West of the City area and completion is anticipated by the summer of 1964.

Sampling of the supply on behalf of the Ministry of Housing and Local Government for the determination of radio-activity continued throughout the year. The Ministry reported that the results for 1962 indicated a slight rise in activity due to the continuance of nuclear tests in that year but the general level in water supplies was well below the permissible amount, being only about 5 per cent of that contained in a normal diet.

In September 1963 the Ministry of Housing and Local Government made the East Devon Water (Regrouping) Order, amalgamating the City Water Undertaking and a number of other undertakings with the existing East Devon Water Board. The enlarged Board will take over the control of supplies from 1st October, 1964.

In view of these regrouping proposals the City Water Committee decided to take no action on the recommendation of the Health Services Committee that fluoride should be added to the supply.

Details of the bacteriological examinations carried out by the Public Health Laboratory Service (Director, Dr. B. Moore) are set out in Table No. XII. The Public Analyst made quarterly chemical analyses of both raw and treated waters and details of two of these are given in Table No. XI.

Table XI.
PUBLIC WATER SUPPLY, 1963.
ANALYSES OF RAW AND FILTERED WATER

	RESULTS IN PARTS PER MILLION.			
	12.2.63.		9.9.63.	
	Raw	Filtered	Raw	Filtered
<i>Chemical Analysis :</i>				
Chlorine as Chlorides	17.0	19.0	14.0	16.0
Nitrogen as Nitrites	trace	—	trace	—
Nitrogen as Nitrates	0.88	0.90	1.2	0.95
Nitrogen as Free and Saline Ammonia	0.088	0.006	0.028	—
Nitrogen as Albuminoid Ammonia	0.108	0.042	0.095	0.035
Total Hardness as CaCO ₃	61.0	63.0	40.0	50.0
Temporary „ „ „	34.0	33.0	26.0	31.0
Permanent „ „ „	27.0	30.0	14.0	19.0
Total Solids	130.0	135.0	90.0	115.0
Oxygen absorbed 4 hrs. @ 27°C.	0.95	0.3	1.0	0.25
Chlorine as free chlorine	—	0.25	—	0.16
Plumbo-solvency	—	—	—	—
pH	7.2	7.4	7.2	7.5
<i>Bacteriological Analysis :</i>				
Coliform Bacilli, per 100 ml.	550	—	1800	—
Coliform Bacilli (Type 1) per 100 ml.	550	—	1600	—
Microbes : 72 hrs. at 22°C per ml.	3,200	3	3600	—
48 hrs. at 37°C per ml.	380	1	640	3

FLUORINE : Content of Public Water Supply.	20th May.	0.026	21st Oct.	0.024	} Parts per millim (p.pm.)
	19th July.	0.025	21st Nov.	0.030	
	12th Aug.	0.027	12th Dec.	0.013	
	16th Sept.	0.020			

Table XII.

EXETER PUBLIC WATER SUPPLY.

BACTERIOLOGICAL ANALYSES OF SAMPLES TAKEN IN 1963 : EXAMINED BY PUBLIC HEALTH LABORATORY SERVICE.

			Presumptive B. Coli count per 100 millilitres				
No. of Samples			0	1-2	3-10	11-50	50+
(a)	AT TREATMENT WORKS :	PUMPING MAIN	46	—	—	—	—
(b)	ON CONSUMERS' SUPPLY :	DANES CASTLE RESERVOIR ZONE	39	—	—	—	—
		BELVIDERE " "	32	—	—	—	—
		MARYPOLE HEAD " "	25	1	1	—	—
		BARLEY LANE " "	18	—	—	—	—
		STOKE HILL " "	11	—	—	—	—
		TOTAL	171	1	1	—	—
(c)	OTHERS :—	BUILDING SITES, NEW MAINS, ETC.	45	3	5	1	1

In addition 45 samples of Raw River Water were examined—generally these shewed gross pollution (250 to 18000 presumptive B.Coli per 100 ml.) ; and also 36 samples of water whilst undergoing treatment for the purposes of checking the efficiency of the sterilisation process at various stages.

SEWERAGE AND SEWAGE DISPOSAL

The City Engineer and Surveyor has also sent me the following notes :—

SEWERAGE

Following a collapse of the existing 24 inch diameter brick barrel sewer in Heavitree Road, investigations were carried out and photographs taken inside the sewer. The sewer was found to be in a very dilapidated condition and it was renewed. A collapsed portion of a foul sewer in Sweetbrier Lane was also relaid. A small portion of collapsed surface sewer in Chestnut Avenue was relaid and a brick foul sewer in Bicton Place was repaired to prevent rats gaining access to premises from the sewer.

A new surface water sewer was installed at Cheynegate and a subsidiary surface water pipeline was laid at Mincinglake Tip to accommodate further tipping. A branch surface water sewer was also provided to drain Mile Lane.

SEWAGE DISPOSAL

The new access roadway to the Sewage Works has been completed.

The new Sludge Vessel " S.W.2 " was commissioned, along with the completion of the new Quay facilities.

Modifications to the cold digestion plant commenced and are proceeding.

MAIN DRAINAGE

Work on the first instalment of the St. Thomas Surface Water Sewerage Scheme was completed in September, and work on the second instalment was started in June by the same contractor and is well advanced.

The Ministry of Housing and Local Government approved the scheme for a new pumping station at Tan Lane Depot and for a new 54 inch diameter relief foul interceptor sewer from Belle Isle to the Sewage Works. It is anticipated that tenders will be invited in March, 1964.

Agreement was reached with the St. Thomas Rural District Council on the connection of the sewers from Alphington and Ide to the City's sewerage system. The old sewage tanks at Marsh Barton, which were completely inadequate, were broken up and filled in.

New surface water sewers in Matford Avenue and Leighdene Close were laid to alleviate flooding. The new sewers are temporarily discharging to a brick barrel surface water sewer but eventually will be integrated into the Wonford Surface Water Scheme.

PUBLIC CONVENIENCES

A new public convenience is nearing completion at the junction of Sidwell Street with Blackboy Road. This will replace the present conveniences which are adjacent and are due for demolition to facilitate the completion of the roundabout. The accommodation has been nearly doubled and the equipment generally is in accordance with that in other conveniences which have been erected during recent years.

All conveniences are equipped with lavatory basins for hand washing with cold water, free soap and paper towels.

Malicious damage continues and has been on the increase at certain points, especially at Coronation Road.

PRIVATE DOMESTIC WATER SUPPLIES

There are now only 6 premises in the City which rely on springs or wells for their water supply, viz. 2 farms with attached dwellings and 3 other houses, mostly in the Stoke Hill area. Bacteriological tests over a number of years have indicated that the water from each source is suspect, and the users have been frequently warned to boil all water used for drinking purposes.

SWIMMING BATHS

There is one corporation owned swimming bath, one hydrotherapy pool at the Orthopaedic Hospital, and 9 pools in schools and colleges provided mainly by the co-operation of the Education Authority and Parent/Teachers Associations.

The bacteriological reports on 26 of the 31 samples taken from the school, college and hospital pools were good. The remaining five were not up to the required standard. 7 samples were taken from the Corporation swimming bath and of these four were bacteriologically satisfactory and the remaining three were unsatisfactory.

ANNUAL REPORT
OF THE
CHIEF PUBLIC HEALTH INSPECTOR

(F. G. DAVIES, F.R.S.H., F.A.P.H.I., A.M.I.P.H.E.)

PART I

GENERAL COMMENT

STAFF

The establishment of inspectors was increased by one, Mr. J. Mundell being appointed in April ; but unfortunately, the relief afforded was only temporary, because in October, the new Meat Inspection Regulations came into force and these necessitated placing an additional inspector on duty at the abattoir.

HOUSING

SUBSIDIES

The system of subsidies brought in under the Housing Subsidies Act 1956, ended, so far as Exeter is concerned, on 31st March, 1964. Between its inception on 3rd November 1955 and its termination in 1964, we dealt with a total of 893 premises under various sections of the Housing Acts and at the time of writing this report, 517 of these have been demolished and 818 families rehoused.

The original slum clearance scheme, drafted in 1955 envisaged the demolition of 614 houses but increased cost of repairs coupled with low rents made many more houses not repairable at a reasonable expense.

IMPROVEMENT GRANTS

As a result of our slum clearance programme there must be very few houses left in the city which can be regarded as seriously sub-standard and unfit to live in, and it will be noted from the figures in the statistical section that we represented as unfit only 37 dwellings during 1963 as against 59 in 1962. As indicated in the report for 1962 our problem is now somewhat different. Future work will lie, not in closure and demolition, but in the improvement of the amenities available in houses generally, particularly those occupied by more than one family. We continually encourage owners to take up improvement grants but the lack of response suggests it might be politic for the Corporation to embark on much greater publicity and to purchase a few houses which are suitable for modernisation in various parts of the city. After improvement the houses could be opened for public viewing, and particulars of cost, the availability of grants and loans explained to interested people.

Early in the year we made a survey of the houses in Hooper Street with a view to :

1. determining whether or not the houses were suitable for modernisation with the aid of improvement grants.
2. seeking the re-actions of the owners and tenants to such proposals.

Our survey showed that the houses were structurally sound and suitable for modernisation but that 76% of the houses in the street were without the standard amenities. There are probably in the city something like 3,000 houses without baths and hot water systems and if these are to be prevented from becoming the slums of the future, much more will have to be done towards the provision of these amenities.

Statistics show that the greater number of such grants have been taken up by owner-occupiers. The Government has been seeking means to stimulate the taking up of grants generally and new legislation is envisaged which will enable Local Authorities to compel the improvement of houses over a period of years.

ATMOSPHERIC POLLUTION

Significant progress was made during the year when four smoke control areas came into operation. One further smoke control order was confirmed by the Minister, and three other orders were made by the Council and submitted to the Minister for confirmation. This has not yet been received. The following table summarises the overall situation at the end of the year.

No.	Area	Date of Operation of Order	Area (Acres)	No. of Dwellings
1	Howells & Heywood Estate	1. 1. 61.	50.0	300 (ultimately)
2	Brown's Nursery Estate	1. 1. 61.	7.0	103
3	Beacon Lane Estate	1. 7. 63.	69.3	689
4	Broadfields Estate	1. 9. 63.	32.4	300
5	Iolanthe Estate	1. 9. 63.	26.8	250/300 (ultimately)
6	Redhills No. 1	1. 9. 63.	65.5	586 (ultimately)
7	St. Thomas No. 1	1. 9. 65.	149.0	1536 (ultimately)
8	AWAITING CONFIRMATION Cowick Lane No. 1.	1. 9. 65. (Proposed)	29.0	152 (ultimately)
9	Cowick Lane No. 2	1. 9. 66. (Proposed)	170.0	513
10	Redhills, Exwick	1. 9. 66. (Proposed)	1000.0*	637 (ultimately)

*90 acres within this are zoned for residential development ; this could result in approx. 1000 new houses.

It is planned that a further area to be known as the St. Thomas No. 2 be submitted to the Council during 1965, with 1st September, 1968 the tentative date of operation.

The Redhills No. 1 area involved conversions of firegrates in 233 Private Dwellings and this involved the payment of £2,175 12s. 8d. by way of grants of which £867 14s. 6d. is recoverable from the Ministry. 102 council dwellings were also adapted at a cost to the Corporation of £525 7s. 5d.

The St. Thomas No. 1 Order was confirmed by the Minister without a public enquiry. One resident lodged objections to the confirmation of the order which he subsequently withdrew after discussion with officers of the department. This demonstrates the value of a detailed survey of the area being made, as the inspector is able to discuss the matter with householders within the area, and give details of the work involved, helping to allay rumours and ensuring the co-operation of the householders.

TRADE WASTE

A disturbing feature noted during the year (since the introduction of charges for the collection of trade refuse) was an increase in the number of commercial premises where refuse is burned, usually in the open.

It is a pity the levying of a charge should have this result. Fortunately, the practice is not widespread and it is to be hoped the representations that have been made to offenders will ensure their co-operation in reducing air pollution to a minimum.

GARDEN REFUSE

Another matter which is causing me concern is the disposal of garden refuse. Not all waste can be composted and because the public are getting more "clean air conscious" I get numerous complaints of smoke from garden bonfires. Late in 1962 representations were made by the Public Health Committee to the Streets Committee to consider the collection of garden refuse throughout the city. The Committee decided not to accept this proposal but in my view consideration should be given to undertaking this duty in, say, five years time. The basic principle underlying the removal of all waste is the preservation of health and it should be remembered that leaf and wood smoke contains benzpyrene which is a known carcinogen. In problems of this nature consideration of economics should not outweigh those of public health.

APPROVED FIXERS

During the year I reported to the Public Health Committee that in my opinion it was highly desirable that when approved solid fuel appliances were fitted in houses included in confirmed Smoke Control Orders the work be carried out by tradesmen who

had been instructed in the correct methods of fixing such grates and who had been recognised by the Coal Utilisation Council as "approved fixers." Excluding certain employees of the South Western Gas Board (which trains its own fitters) there were no approved fixers in the City and appreciable difficulties had already been experienced. Many appliances had been incorrectly installed and it was necessary for the work to be re-done at additional expense and inconvenience to all concerned. There was also the possibility that in some cases the Council would have to carry out work in default and if this proved necessary, it was essential that the work be undertaken by qualified men.

The Committee agreed to ask the Education Committee to consider the establishment of a suitable course in conjunction with the Coal Utilisation Council and the matter was still under consideration at the end of the year. I am hopeful that a suitable course will be started during 1964.

NOISE

As indicated in my report for 1962, noise nuisances are one of the most difficult and complex problems with which we have to deal and it is unfortunate that during the year we were not able to solve either of the two intractable problems mentioned last year—namely, noise from a large engineering workshop and a milk depot. In both cases we held numerous and protracted discussions with the parties involved and their professional advisers. By the end of the year a number of tentative solutions had been considered but none proved acceptable to the firms concerned.

Further efforts will be made during 1964 to find a compromise. Our difficulties in this field emphasise the need of giving due weight to public health considerations when any development is in the planning stage, rather than trying to tackle the problem after a nuisance has been established.

In another case, we were more successful. The occupier of a factory discontinued the use of a compressor, installed electrical drives in place of pulleys and belts, lined part of the building with sound absorbent material and erected a wall to act as a sound barrier.

REFRESHMENT HOUSES

Section 80 of the Public Health Act 1961 clarified the definition of "refreshment house" contained in the Public Health Act 1936, and greatly strengthened the powers of local authorities to require suitable and sufficient sanitary accommodation for customers in cafes, restaurants and snack bars. We have been active in this field for many years, and apart from those premises where, because of replanning proposals, it would be unreasonable to press for their installation, there now are very few premises in the city in which food or drinks are served where conveniences are

not available for the public. It is hoped that the remaining premises will be so equipped during 1964.

VENTILATION

An interesting case was heard in the Court of Appeal (*Wai Man Wong v. Beaumont Property Trust*) following our request for the improvement of the ventilation of the Chopstick Restaurant in Queen Street.

Mr. Wong sought a declaration that he was entitled, under the terms of his lease, to construct a ventilation duct on the outside rear wall of the premises, without the landlord's consent, because it was an easement of necessity implied in the lease. The landlords objected and appealed against a decision of Judge Pratt at the Exeter County Court which was in favour of Mr. Wong. The Court of Appeal dismissed the appeal and refused leave for the landlord to take the matter to the House of Lords.

NOXIOUS ACCUMULATIONS

Every year we have to deal with a few cases where householders, often aged, have permitted their premises to become verminous and full of rubbish. As a general rule we carry out any necessary disinfestation, and in particularly bad cases our manual workers assist in the removal of the accumulation.

In one case I received a complaint of decomposing food and provisions stored in a disused grocery shop and a notice was served on the owner requiring him to remove the accumulation. The notice was not complied with so a Magistrates' warrant was obtained and forcible entry made. 18 lorry loads of material, almost entirely foodstuffs, much of it in an advanced state of decomposition, were removed to the tip at a cost of approx. £90, recovered later from the owner. The work was complicated by the fact that among the rubbish, money and articles of value were found, together with cheques and postal orders.

NEW ABATTOIR

The construction of the new abattoir was proceeding satisfactorily at the end of the year and there is now little doubt that it will be in full operation during the latter part of 1964.

A problem arose regarding meat inspection at the new premises because they are situated outside the city boundary and at the close of the year discussions were in progress with St. Thomas Rural District Council with a view to securing an agreement that the City Council be responsible for this function.

DISINFECTING AND CLEANSING STATION

Plans for the new disinfection station were completed during the year and the necessary Ministry approvals and loan sanction were obtained.

CONVENIENCES ON EXETER BY-PASS

Following my representations the Public Health Committee asked the Streets Committee to approach the Minister of Transport to meet the full cost of the construction of a lay-by on each side of the Exeter By-Pass, and the erection of public conveniences adjoining such lay-by's for use by the motoring public.

If these proposals are adopted, they will do much to reduce the gross fouling of the hedgerows along the by-pass which occurs at present.

MEAT INSPECTION REGULATIONS

The Meat Inspection Regulations, whereby inspection of the carcasses of animals slaughtered in the district became compulsory, came into operation on 1st October. Local authorities are now empowered to levy a charge prescribed in the Regulations. Previously a small subsidy was obtained from the Ministry of Agriculture, Fisheries and Food for "export" meat, but the amount received by the Council was very small.

It was decided to impose the maximum permitted charge for carcasses inspected in the city, namely, 2/6d. for bovines, 9d. for calves or pigs and 6d. for each lamb or sheep inspected. Nevertheless, the cost of this service to the council will be substantially in excess of the anticipated income.

RODENT CONTROL

During the year we were able to deal satisfactorily with all complaints received about rats and mice and at the same time carry out a programme of sewer treatments in the spring and autumn. The work was facilitated by the purchase of a motor cycle for the full time operator ; his greater mobility has enabled him to give much more attention to general survey work which had been somewhat neglected.

Unfortunately, the situation is not so satisfactory in respect of rabbits. There has been a marked increase in the number of rabbits in the City and I understand that this is also the case in the surrounding rural areas. There is also evidence that they are travelling quite long distances to obtain food. Certainly we are finding that even when we get reliable reports of infestations, we are unable to find any burrows and there is often little evidence, apart from damaged crops, of the presence of rabbits. The Council does not give any public service in this respect, and we are only responsible for land owned by the Corporation. The Allotments Committee has an agreement with the Rabbit Clearance Society in respect of allotments, and I have recently suggested that the Society be asked to undertake rabbit clearance on all council land.

PIGEONS

The pigeon trap mentioned in my last report has now been used on various sites in the City. Unfortunately, one of the difficulties we have encountered is that we have been trapping a large number of ringed homing pigeons and in all of these cases it has been necessary to ascertain the name and address of the owner and arrange for the despatch of the bird to him.

It is as yet too early to know how effective our trapping programme has been, but I hope to report more fully on this point in the next report.

INSPECTION OF PLANS

The inspection of plans submitted by architects, developers etc. is an important aspect of our work, and during 1963 we commented on 247 such plans.

FOOD POISONING

22 cases of suspected food poisoning were investigated by the public health inspectors during the year; 15 were confirmed. This work entailed 150 visits to the houses and shops where the food concerned was prepared or cooked.

LOCAL LAND CHARGES

Information was supplied to the Town Clerk in 2,069 cases in reply to searches submitted under the Local Land Charges Act.

STATISTICS

General Summary.

Number of visits made during the year	....	13,163
Number of samples taken	....	686
Number of carcasses inspected	....	51,077
Total weight of foodstuffs condemned	....	38 tons

SUPERVISION OF FOOD SUPPLIES

1. *School and University Cantcens, etc.*

49 inspections of school canteens and kitchens were carried out during 1963.

2. *Market.*

4 inspections were made of the Lower Market where fruit and vegetables etc. are sold.

3. *Registered Food Premises.*

There are 448 registrations under Section 16 of the Food and Drugs Act 1955 affecting 410 business establishments. These are made up as follows :—

Storage of bulk ice-cream	....	....	....	3
Manufacture, storage and sale of ice-cream			....	39
Storage and sale of pre-packed ice-cream			....	312
Preparation or manufacture of sausage and potted, pressed, pickled or preserved food (including Fish and Chips)	....	....	....	94
			TOTAL	448

4. *Slaughter of animals and meat inspection.*

The number of animals slaughtered and inspected at the public abattoir and private slaughterhouse, together with reasons for condemnation are set out below in the form prescribed by the Ministry of Health Circular 17/55. No horses or goats are slaughtered in the City.

	<i>Beasts</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>
Number slaughtered	6,030	1,338	1,322	26,667	15,720
Number inspected	6,030	1,338	1,322	26,667	15,720
<i>Diseases except Tuberculosis and Cysticercosis.</i>					
Whole carcasses condemned	3	24	58	151	77
Carcasses of which some part or organ was condemned	591	598	140	1,196	1,388
Percentage of No. inspected affected with disease other than tuberculosis and cysticercosis	9.1	46.4	14.1	5.01	9.03
<i>Tuberculosis only.</i>					
Whole carcasses condemned	—	1	—	—	3
Carcasses of which some part or organ was condemned	1	43	—	—	296
Percentage of No. inspected affected with tuberculosis	.002	3.02	—	—	1.09
<i>Cysticercosis only.</i>					
Carcasses of which some part or organ was condemned	2	3	—	—	—
Carcasses submitted to treatment by refrigeration	2	3	—	—	—
Generalised and totally condemned	—	—	—	—	—

5. *Milk.*

(A) *Chemical and Bacterial Quality.*

The following tables indicate the average chemical and bacterial quality of the milk sold in the City during the year :

(i) *Chemical Quality.*

DESIGNATION	No. of Samples.	Fat % (average)	Non-fatty Solids % (average)
Tuberculin Tested (Channel Islands) (Farm Bottled)	17	5.0	9.3
Tuberculin Tested (Farm Bottled)	32	3.5	8.42
Channel Islands (Pasteurized)	11	4.5	9.2
Pasteurized	20	3.5	8.83
Tuberculin Tested (Pasteurized)	9	3.7	9.0
Sterilized	3	3.5	9.01

(ii) *Bacterial Quality.*

DESIGNATION	Number of Samples.	Samples Satis- factory.	Samples void owing to Air Tempera- ture being over 65°F.
School Milk	14	11	—
Pasteurized	56	44	—
Channel Islands (Pasteurized)	29	23	—
Tuberculin Tested (Pasteurized)	64	53	—
Tuberculin Tested (Farm Bottled)	26	13	—
Tuberculin Tested (Channel Islands) (Farm Bottled)	46	26	3
Sterilized	10	10	—

(B) *Tubercle Bacilli.*

All milks on sale in the City are tested quarterly for the presence of tubercle bacilli. During the year 77 samples were tested and all proved to be negative.

6. *Ice Cream—Cleanliness.*

76 samples of ice cream were taken during the year and the gradings according to the bacteriological standards suggested by the Ministry of Health were as follows :

Grade 1. (Satisfactory)	....	....	....	64
Grade 2. (Satisfactory)	....	....	....	7
Grade 3 and 4. (Unsatisfactory)	....	....	....	5

7. *Sampling and Legal Proceedings (Food & Drugs Acts and Food Hygiene Regulations).*

During the year 92 samples of milk and 121 samples of other foods were procured. 92 were formal and 121 informal. 21

samples were found to be below standard and details of the action taken is as follows :—

Pork Sausages (5 samples)	Informal samples. In one case the presence of preservative was not declared and four samples were deficient in meat. Warning letters were sent in each case.
Dehydrated Potatoes (1 sample)	Informal sample. In this case there was insufficient declaration of the constituents and a warning letter was sent to the manufacturer.
Influenza Mixture (1 sample)	Informal sample. It was found that this sample had been dispensed inaccurately and a warning letter was sent to the manufacturer.
Milk (14 samples).	<p>All formal samples. In twelve cases the samples were obtained from the same producer and all contained added water ; proceedings were instituted, the defendant pleaded “ guilty ” and was fined £10.</p> <p>The two remaining samples were obtained from a different producer and were both found to be deficient in fat. The matter was investigated, and it was found that the deficiency arose as a result of bad mixing and a warning letter was sent to the producer.</p>

Legal proceedings were instituted in four other cases under the Food & Drugs Act and all were successful.

8. *Shellfish.*

Six samples of shellfish were procured during the year and all were found to be satisfactory.

9. *Watercress.*

Four samples of water-cress were obtained in 1963 and of these three were satisfactory and one was found to be slightly contaminated. Enquiries were made and it was established that the contamination was not of human origin.

10. *Merchandise Marks Acts, 1887 to 1953.*

9 visits were made during the year to ensure that the provision of these Acts were being observed. Apart from some warnings, it was not found necessary to take any action.

11. *Labelling of Food.*

We continue to examine the labels of the various commodities on sale to the public, to ensure that they meet the requirements of the various Labelling of Food Orders.

HOUSING.

(1) *Housing Act 1957, Sections 16 and 18.*

37 dwellings were represented to the Public Health Committee as being unfit for human habitation and not repairable at a reasonable expense. They were dealt with in the following manner :

Undertakings not to re-let accepted	....	....	13
Closing Orders made	....	....	20
Demolition Orders made	....	....	—
Acquired and closed	....	....	3
Outstanding at the end of the year	....	....	1
			—
	TOTAL	....	37
			—

(2) *Informal Notices.*

104 houses were rendered fit during the year without the service of formal notices.

(3) *Formal Notices.*

14 houses were rendered fit during the year, following the service of formal notices ; 12 being remedied by the owners and 2 by the Council in default of the owner.

(4) *Overcrowding.*

(A) (i)	Number of dwellings known to be overcrowded at the end of year.	....	....	....	....	20
(ii)	Number of families dwelling therein.	....	....	....	....	25
(iii)	Number of persons.	....	....	....	....	98
(B)	Number of new cases reported during the year.	....	....	....	....	33
(C) (i)	Number of cases of overcrowding relieved during the year.	....	....	....	....	31
(ii)	Number of persons concerned in such cases.	....	....	....	....	157
(D)	Particulars of any cases in which dwelling houses again become overcrowded after the Council had taken steps to abate overcrowding	....	....	....	....	Nil

ATMOSPHERIC POLLUTION

Table XIII.

Figures indicate rate of deposition in tons per sq. mile per month.

<i>Month</i>					TONS PER SQUARE MILE		
					<i>Dunsford Hill</i>	<i>Danes Castle</i>	<i>Tan Lane</i>
January	....	....	....	....	4.09	2.38	3.93
February	....	....	....	....	9.77	10.73	13.37
March	....	....	....	....	*	9.57	9.72
April	....	....	....	....	†	9.27	10.82
May	....	....	....	....	10.24	5.35	6.79
June	....	....	....	....	4.80	6.43	7.82
July	....	....	....	....	3.99	4.29	6.96
August	....	....	....	....	5.64	6.06	8.68
September	....	....	....	....	4.23	4.84	9.23
October	....	....	....	....	5.67	6.72	8.30
November	....	....	....	....	8.96	11.56	11.89
December	....	....	....	....	6.07	7.09	10.89
TOTALS					63.46	84.29	108.40

*Sample contaminated.

†Collecting bottle broken.

Table XIV.

Figures indicate degrees of smoke and sulphur dioxide pollution recorded by volumetric apparatus.

Smoke (Micrograms/cub. metre) ; Sulphur Dioxide (Micrograms/cub. metre).

Month	Health Department				John Stocker School			
	Smoke		S.O. ₂		Smoke		S.O. ₂	
	AV*	HD‡	AV.	HD.	AV.	HD.	AV.	HD.
January	131	307	149	280	148	289	24	89
February	89	210	219	747	97	150	39	112
March	30	83	91	187	50	98	54	242
April	†	51	†	80	42	89	12	31
May	17	29	31	69	31	54	19	49
June	17	50	58	142	†	65	†	114
July	15	29	80	301	9	14	13	27
August	14	55	68	446	11	32	12	35
September	31	74	54	161	24	70	24	63
October	31	61	58	189	38	57	28	43
November	54	254	119	362	66	249	40	126
December	117	225	166	441	120	286	87	251

†Insufficient number of results.

*AV=Average Daily.

‡HD=Highest Daily.

RODENT CONTROL

1. Complaints.

498 complaints were received during the year involving 512 properties and these were made up as follows :

	TYPE OF PREMISES.			Total
	Business	Private	Local Authority	
Rats	93	241	18	352
Mice	33	107	20	160
TOTALS ..	126	348	38	512

2. Routine Inspections.

Farms and smallholdings	....	....	....	—
Other businesses	....	....	....	218
Private houses	....	....	....	86
Local Authority Land	....	....	....	17
				<u>321</u>

3. Sewer Treatment.

The annual test baiting and bi-annual treatments of sewers as required by the Ministry of Agriculture, Fisheries and Food, were carried out as usual in the Spring and Autumn.

OTHER INSPECTIONS, ETC.

Bakehouses.

Number in City	....	....	....	....	20
Number of underground bakehouses in the City	....				—
Number of inspections made	....	....	....		59

Vermin, etc.

Number of Council houses disinfested	....	....			12
Number of other properties found to be infested and treated by the Department			....		16

Wasps and Hornets.

108 nests of wasps and hornets were destroyed during the year.

Offensive Trades.

Number of premises having annual licences under the Public Health Act, 1936	....	....			6
Number of inspections made	....	....	....		6

Fertilisers and Feeding Stuffs.

29 samples of fertilisers were procured during the year and all were found to be satisfactory.

Rag Flock.

The 4 samples of rag flock taken during the year were found to be satisfactory.

Common Lodging Houses.

There are two registered common lodging houses in the city and these are inspected by the public health inspectors. Conditions were satisfactory.

HOUSING

Details regarding closures, house inspections, etc., are set out on page 46.

The City Architect (Mr. H. B. Rowe) has kindly given me the following information. During the year ended 31st December, 1963, dwellings were completed as follows :—

New Dwellings by Council	....	....	....	36
New Dwellings by private enterprise	....	....	....	408

Total dwellings provided since the war to 31st December, 1963 are :—

Council			Private Enterprise		Total
Temporary	Permanent	Rebuilds	New	Rebuilds	
430	4274	21	2229	209	7163

20 temporary bungalows have been disposed of. 410 remain in occupation.

The Housing Manager (Mr. M. H. D. Freeman, A.I.Hsg.) has kindly sent me the following information :—

Number of applicants on the waiting list	....	1789
Little or no housing need.	....	789
Less than 1 year's registration.	....	479

Re-housing on Medical Grounds.

The table below sets out the results of consideration of the medical-social needs of applicants for housing and the recommendations made to the Housing Committee. Generally speaking, the recommendation is for the allocation of a number of additional points to those already credited to the applicant.

Occasionally, the request made by the department is an urgent one, over-riding in the circumstances the ordinary system of points allocation.

REASON REFERRED BY M.O.H.	Total recommended to Housing Committee for additional points	Rehoused	Awaiting rehousing	Deferred or not yet approved (i.e. insuf- ficient points).	Applications lapsed.	Cases recommended in previous years and rehoused in 1963.
T.B.	7	3	—	3	1	2
Statutory overcrowding	4	2	—	2	—	2
Sub-standard property	7	*5	1	1	—	2
Social overcrowding conditions	27	16	—	11	—	4
Other medical social reasons	17	9	—	8	—	2
Other medical reasons	33	13	—	19	1	2
TOTALS	95	48	1	44	2	14

*1 found own accommodation.

NOTE: In addition to the 95 above there were 56 cases considered where no medical points were recommended.

CIVIL DEFENCE

(Ambulance and Casualty Collection Section).

Ambulance Officer : Capt. F. G. Ireland.

The number of volunteers on the ambulance and first aid section roll fell again during the year to 52. Many volunteers soon became apathetic and did not attend for training. The Civil Defence Corps underwent some important changes at the end of 1962. Members were asked to decide on one of three categories in which they would like to serve.

Of the 52 volunteers, 13 have elected to serve in Class A, and take their Standard Tests in order to qualify for the Annual Bounty, (2 have passed the test) ; 4 wish to serve in Class B ; and 16 have elected to join the Reserve. The other 19 have not yet opted to serve in any particular category.

A full time staff instructor was appointed for the ambulance and rescue sections in January and it was hoped that this appointment would help to re-vitalise the Section. There was for a time, a slight improvement in the training attendances but they had dropped again by the beginning of November when the staff officer left to take up another appointment in Civil Defence. Nevertheless section training did progress from January to June and again in November and December. Collective training Exercises "Aider Col" and "Exon" were held in May and June and both were fairly well supported.

The new Headquarters however is becoming more widely used for training and social activities and these premises have played a valuable part towards establishing the Division.

The Superintendent Health Visitor attended a course at the Civil Defence College.

ACUTE INFECTIOUS DISEASES

(Exeter Residents)

INFLUENZA

There was no proved outbreak of influenza during the year though there was a good deal of virus pneumonia which caused some degree of debility. The Public Health Laboratory Service isolated Influenza A virus from only one patient and serologically diagnosed the same infection in two other patients, but no intensive search was made.

FOOD POISONING

Only 7 cases (all due to *Salmonellae*) were notified during the year. One family outbreak involving two persons was found to be due to *S. Brandenburg* ; no source of the infection was traced. The other five were all single cases ; in 2 *S. typhi-murium* was isolated ; 1 case was traced to cream eaten while staying with

relatives (who were also affected) in Bristol. The other case probably resulted from eating a lightly fried hen's egg—the phage type of the organism found is known to be associated with the domestic hen. In the remaining three cases *S. Heidelberg*, *S. Newport*, and *S. Stanley* were isolated but the sources could not be found.

1. *Local Authority* : EXETER COUNTY BOROUGH. *Year* : 1963

2. (a) *Food Poisoning notifications (as corrected to Registrar General).*

	<i>First Quarter.</i>	<i>Second Quarter.</i>	<i>Third Quarter.</i>	<i>Fourth Quarter.</i>	<i>Total.</i>
	Nil.	3	2	1	6
(b) <i>Cases otherwise ascertained.</i>					
	Nil.	Nil.	1	Nil.	1
(c) <i>Fatal cases.</i>					
	Nil.	Nil.	Nil.	Nil.	Nil.

3. *Particulars of outbreaks.*

		No. of outbreaks.		No. of cases.		Total No. of cases
		Family out- breaks	Others	Noti- fied	Other- wise	
Agent Identified*	....	1	Nil.	1	1	2
Agent not Identified	....	Nil.	Nil.	Nil.	Nil.	Nil.

4. *Single Cases.*

		No. of cases.		Total No. of cases
		Notified	Otherwise ascertained	
Agent Identified*	....	5	Nil.	5
Agent not Identified	....	Nil.	Nil.	Nil.

* Classified according to agents :

(a)	Chemical poisons.	....	....	....	....	—
(b)	Salmonella :					
	typhi-murium.	....	....	....	....	2
	Brandenburg.	....	....	....	....	2
	Stanley	....	....	....	....	1
	Newport	....	....	....	....	1
	Heidelberg	....	....	....	....	1
(c)	Staphylococcal.	....	....	....	....	—
(d)	Cl. botulinum.	....	....	....	....	—
(e)	Cl. welchii.	....	....	....	....	—

7

5. *Salmonella* infections, not food-borne.

<i>Salmonella</i> (type)	<i>Outbreaks</i>		<i>No. of cases</i>	<i>Single Cases.</i>	<i>Total No.</i>
	<i>Notified</i>	<i>Otherwise</i>	(out-breaks)		
Nil.	Nil.	Nil.	Nil.	Nil.	Nil.

DYSENTERY

There were 113 cases of dysentery notified during the year—rather more than in 1962. Most of the cases (78) were notified during the first six months of the year. They were not concentrated in any one school or area of the City. As is usual with dysentery, in most instances several members of a family were infected. *Shigella Sonnei* was the organism involved.

PARATYPHOID

One case of paratyphoid, in a boy of 11 years old, occurred during the year. His illness was characterised by a bout of acute diarrhoea and was not of the “ typhoid ” type, the diagnosis being made when *S. paratyphi* was isolated from the stools. He was admitted to the Isolation Hospital where he made a rapid recovery though he continued to excrete the organism for some time. He was discharged from hospital bacteriologically clear. The source of the infection was not traced. He had not been abroad.

TYPHOID

No notifications.

WHOOPING COUGH

37 cases were notified during the year—all mild in character ; 7 were in children of under one year of age. 25 of the cases had not been immunised against whooping cough or had not had a primary course or booster dose during the previous five years.

MEASLES

This was an epidemic year for measles, 2,464 cases being notified. The epidemic started early in January and developed slowly, its peak not being reached until the third week in April, when 229 cases were notified. The epidemic was slow in waning and it was not until September that it could be regarded as being

over. The cases were, for the most part, mild in character and there were no deaths. A national enquiry into the complications of measles has shown that they are more serious than has been recently thought, including pneumonia and encephalitis as not very uncommon sequelae.

MENINGOCOCCAL INFECTION

One case was notified during the year in a child of 7 months of age. It was of the meningeal type and recovery was complete and uncomplicated.

POLIOMYELITIS

No notifications.

DIPHTHERIA

No notifications.

PNEUMONIA

Only 30 cases were notified during the year and there were no deaths among these cases. 14 of them were notified as acute primary pneumonia and the others as influenzal pneumonia.

SCARLET FEVER

99 cases were notified during the year spaced fairly evenly over the twelve months. No school or area of the City was particularly affected. All the cases were mild in character.

ERYSIPELAS

10 cases were notified during the year.

OPHTHALMIA NEONATORUM, 1963

There were 28 cases of ophthalmia neonatorum notified in 1963—24 being in hospital births and 4 in home births.

Swabs were taken from the affected eyes in 26 cases. In 16 cases the swabs were negative. Organisms of low pathogenicity were found in the remaining 10 cases—staph. aureus (8) and strep. viridans (2).

All cases were very mild and cleared up with simple treatment. One case though slight was persistent and was admitted to the Eye Infirmary but no organisms were recovered on culture. Most of these cases came to notice by notification from the midwives.

PEMPHIGUS NEONATORUM

There were no cases of pemphigus neonatorum in 1963.

PUERPERAL PYREXIA, 1963

Cases	Cause	Pathological Investigation	Confinement :	
			Home	Hospital
12	Uterine	12	1	11
8	Respiratory	7	—	8
7	Urinary	6	—	7
5	Breasts	3	2	3
4	Miscellaneous	1	—	4
3	Not known	3	—	3
39		32	3	36

There were, among the mothers delivered in Exeter (but including non-Exeter Residents) 39 cases of pyrexia up to T.100.6° F. during the puerperium—36 being in Hospital and 3 at home.

Four miscellaneous cases included, measles (1), infection of a wound (2), reaction to intra-muscular injection (1).

1 case of urinary infection was severe.

Most of these cases came to light by notification from the midwives.

LABORATORY WORK

During 1963, Dr. B. Moore, Director, Public Health Laboratory, Exeter, reported to us on 885 specimens (exclusive of sputa etc.) for tuberculosis (see page 113). 788 (including 299 positive) were in respect of food poisoning, dysentery and other diarrhoeal diseases, and 45 (of which 5 were positive) in respect of contacts of scarlet fever.

10 blood samples were taken from newly appointed members of staff (i.e. Water Dept.) which all proved to be satisfactory.

Dr. Stewart Smith, Area Pathologist, Royal Devon and Exeter Hospital, examined blood samples taken from expectant mothers (see page 61).

Dr. Stewart Smith and Dr. Moore are invariably most helpful.

Table XV.

ACUTE INFECTIOUS DISEASE
CASES OF NOTIFIABLE DISEASE NOTIFIED DURING THE YEAR 1963 (EXETER RESIDENTS)
after correction of diagnosis.

DISEASE	AGES OF CASES NOTIFIED													Cases admitted to Isolation Hospital	
	Under 1	1—	2—	3—	4—	5-9	10-14	15-19	20-34	35-44	45-64	65 and over	Age un- known		Total
Scarlet fever	—	1	9	6	8	59	12	4	—	—	—	—	—	99	3
Whooping cough	7	1	3	2	6	11	6	—	1	—	—	—	—	37	2
Measles	77	231	325	305	328	1,119	57	14	5 (1)	1	2	—	—	2,464 (1)	9
Erysipelas	—	—	—	1	—	—	—	—	—	1	3	4	—	9	1
Meningococcal meningitis	1 (1)	—	—	—	—	—	—	—	—	—	—	—	—	1 (1)	—
Polio. (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	—	—	1	—	—	1	—	5	3	6	14	—	30	2
Ophthalmia neonatorum†	8 (20)	—	—	—	—	—	—	—	—	—	—	—	—	8 (20)	—
Puerperal pyrexia*	—	—	—	—	—	—	—	1 (1)	17 (16)	1 (3)	—	—	—	19 (20)	(1)
Dysentery	6	11	9	1	8	42	13	1 (1)	13	3	4	—	2	113 (1)	6
Food poisoning	—	—	2	—	—	—	—	1	2	1	1	—	—	7	—
Para. typhoid B.	—	—	—	—	—	—	1	—	—	—	—	—	—	1	1
Typhoid fever	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
Enteritis (not a notifiable disease)	5	3	—	—	3	—	1	4	3	1	2	4	2	28	12

* Only 17 in all were notified by doctors.

† Only 3 were notified by doctors.

(Figures in brackets represent additional cases notified to this authority but with home addresses outside the city).

Table XVI.

ACUTE INFECTIOUS DISEASE.

MONTHLY INCIDENCE OF INFECTIOUS DISEASE NOTIFIED DURING 1963 (EXETER RESIDENTS)
after correction of diagnosis.

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	Cases admitted to Isolation Hospital
Scarlet fever	5	13	16	12	7	7	7	1	4	8	12	7	99	3
Whooping cough	—	1	2	2	1	2	5	3	5	3	8	5	37	2
Measles	40	160	406 (1)	791	529	339	108	71	12	1	3	4	2,464 (1)	9
Erysipelas	2	1	1	2	—	1	—	—	—	1	1	—	9	1
Meningococcal meningitis	—	—	—	—	—	—	—	—	—	1 (1)	—	—	1 (1)	—
Polio (Paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Polio (Non-paralytic)	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	2	11	10	—	1	1	2	—	—	1	—	2	30	2
Ophthalmia neonatorum†	(1)	1 (2)	1 (2)	1	(6)	1 (1)	(1)	3 (1)	(2)	1 (3)	—	(1)	8 (20)	—
Puerperal pyrexia*	3	2 (2)	2 (2)	(1)	—	3 (1)	1 (1)	5 (6)	(2)	1 (3)	2 (1)	(1)	19 (20)	(1)
Dysentery	4	16	7	11	15	25	15	4	7	1	7	1 (1)	113 (1)	6
Food poisoning	—	—	—	1	—	2	1	2	—	—	1	—	7	—
Para. typhoid B.	—	—	—	—	1	—	—	—	—	—	—	—	1	1
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Enteritis (not a notifiable disease)	1	1	3	2	3	2	3	3	3	1	1	5	28	12

* Only 17 in all were notified by doctors.

† Only 3 were notified by doctors.

(Figures in brackets represent additional cases notified to this authority but with home addresses outside the city.)

TABLE OF KNOWN EPILEPTICS

(As AT 31-12-63)

The known incidence is just over 2 per 1,000 of the population. 9 new cases (4 males and 5 females) became known to the Department during the year. Details of the “location ” of all the Exeter epileptic persons known to us are set out in the table below.

Age Group	Type	Total		At Home		In Special Schools		Day School		Junior Training Centre		Working		Adult Training Centre		In Hostels		In Colony		In Hospital for			
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0—4	Major	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Minor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5—14	Major	14	7	2	1	1	1	10	5	—	—	—	—	—	—	—	—	—	—	1	—	—	—
	Minor	3	7	—	—	—	—	2	4	1	3	—	—	—	—	—	—	—	—	—	—	—	—
15—64	Major	23	16	—	5	—	—	—	—	—	—	15	2	8	3	—	1	—	—	—	—	2	3
	Minor	3	3	—	—	—	—	—	—	—	—	2	1	—	1	—	—	—	—	1	1	—	—
65-plus	Major	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Minor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	....	44	33	3	6	1	1	12	9	1	3	17	3	8	4	—	1	—	—	2	3	—	3

CEREBRAL PALSY, 1963

The known incidence is just below 1 per 1,000 of the population. Details of the "location" of all the Exeter spastics known to us, are set out in the table below.

Age Groups	Sex		At Home		Day School		Day Special School		Residential School		Training Centre		Working		Training College for Handicapped Persons		Hospital for Mental Subnormals	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
0-4	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
5-14	7	3	1	—	2	—	3	2	1	—	—	1	—	—	—	—	—	—
15-64	7	5	1	2	—	—	—	1	—	—	3	2	3	—	—	—	—	—
65-plus	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	15	8	2	2	2	—	3	3	1	—	4	3	3	—	—	—	—	—

Only 1 new case (boy aged 14) brought to notice during 1963.

CEREBRAL PALSY, 1963

(ACCORDING TO TYPE AND HANDICAP)

Type	Total		Spastic		Athetoid		Handicap				Other Disabilities	
							*(A) Severe		*(B) Moderate		*(C) Mild	
	M	F	M	F	M	F	M	F	M	F	M	F
Hemiplegia	7	1	7	1	—	—	—	—	6	1	1	—
Monoplegia	—	—	—	—	—	—	—	—	—	—	—	—
Diplegia	—	1	—	1	—	—	—	—	—	1	—	1
Paraplegia	1	2	1	2	—	—	1	—	—	2	—	2
Quadriplegia	4	4	4	4	—	—	2	3	1	1	1	1
Athetoid only	3	—	—	—	3	—	—	—	3	—	—	—
TOTALS	15	8	12	8	3	—	3	3	10	5	2	5

*(A) Handicap severe enough to completely prevent the person leading a normal life.
 *(B) Handicap of such a degree as to considerably restrict the persons activity, but to allow him to move about and lead a relatively normal life.
 *(C) Handicap of such a slight degree that there is little restriction to normal life.

Table XVII.

THE BLIND.

REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS DURING 1963.

	CAUSE OF DISABILITY							
	CATARACT		GLAUCOMA		RETROLENTAL FIBROPLASIA		OTHERS	
	Blind	Partially Sighted	Blind	Partially Sighted	Blind	Partially Sighted	Blind	Partially Sighted
(i) Number of cases registered during the year in respect of which Sec. F, para. 1 of Form B.D.8 (Revised) recommends : (a) No treatment.	3	2	5	—	—	—	7	1
(b) Treatment : (Medical, surgical or optical).	4	2	1	—	—	—	1	2
(ii) Number of cases at (i) (b) above which on follow-up action have received Treatment.	—	—	—	—	—	—	—	—

NATIONAL ASSISTANCE ACTS, 1948 TO 1962

REMOVAL TO SUITABLE PREMISES OF PERSONS IN NEED OF CARE AND ATTENTION

An elderly woman, diabetic and very obese, was admitted to hospital (after some difficulty) because of a burn on her arm and general helplessness. A Court Order was obtained as she was unwilling to go to hospital ; she was discharged to a relative about 5 weeks later because of a staphylococcal infection. The necessary care could not be given at this home (partly because of her great weight) but admission to hospital could not at the time be secured informally. A Court Order for admission was sought and granted but on the day the order was secured the patient died.

In my view the National Assistance Acts operate to the disadvantage of the patient in cases such as this. If the patient is unwilling to go into hospital, but the hospital is willing to admit, immediate compulsion on the patient can be secured (National Assistance (Amendment) Act 1951), but if the reverse is true, (i.e., the patient is willing but the hospital unwilling) seven clear days notice has to be given to the hospital before admission can be effected.

No other cases required action under these powers during the year.

MEDICAL EXAMINATIONS MADE ON BEHALF OF THE COUNCIL

All entrants to the City Council's service were medically examined to determine their fitness for employment and for entry to the Superannuation Scheme. At the end of the year this system was varied so that candidates being considered for entry to the Superannuation Scheme who had been medically examined for employment purposes less than two years previously, signed a medical statement relative to their health during the intervening period. These candidates would formerly have been medically examined once again, but if their health record was considered satisfactory, the signed statement of health was accepted as sufficient, in lieu of medical examination.

During 1964 this system has been further varied, whereby a comprehensive statement of health (really a questionnaire), is signed by the candidate, and if this is considered by the Medical Officer to be satisfactory, a medical examination is not made.

In certain appointments medical examinations or tests are necessary—e.g. water works employees, and those working in close contact with children.

All these arrangements are in line with those being adopted increasingly in various parts of the country, and which have proved satisfactory.

The following table shews the number of medical examinations carried out by the department's medical staff during the year as classified into Council departments.

Medical Examinations carried out by the Department's medical staff on entrants to the Corporation's Service, absences through sickness, etc.:—

Department	Super. Scheme		Employment		Absence through Sickness		Others		Totals		Total medical Examinations
	M	F	M	F	M	F	M	F	M	F	
Children's	—	9	1	1	—	—	—	—	1	10	11
City Architect's	15	1	14	1	11	—	—	—	40	2	42
City Surveyor's	24	—	18	—	25	—	—	—	67	—	67
City Treasurer	8	3	2	2	—	—	—	—	10	5	15
Education	10	12	1	52	—	2	—	1	11	67	78
Fire Brigade	8	—	—	—	—	—	1	—	9	—	9
Health	5	12	—	4	—	1	—	—	5	17	22
Housing	1	—	—	—	—	—	—	—	1	—	1
Libraries	1	2	—	1	—	—	—	—	1	3	4
Museum	1	—	—	—	—	—	—	—	1	—	1
Police	2	2	—	1	—	—	—	—	2	3	5
Town Clerk's	—	1	2	—	—	1	—	—	2	2	4
Transport	12	2	—	1	8	—	*4	—	24	3	27
Welfare	3	4	—	—	1	—	—	—	4	4	8
Weights and Measures	1	—	—	—	—	—	—	—	1	—	1
Totals	91	48	38	63	45	4	5	1	179	116	295
Exeter District Nurses' Association†	2	30	—	—	—	—	1	1	3	31	34
St. John's Ambulance Personnel	2	—	—	—	—	—	—	—	2	—	2
Examinations carried out on behalf of other Authorities	2	1	—	—	—	—	—	—	2	1	3
Examinations carried out by other local authorities on our behalf	2	2	—	—	—	—	—	—	2	2	4
Grand Totals	99	81	38	63	45	4	6	2	188	150	338

Note : *Transport Department drivers over the age of 60 years have to be medically examined annually.

†Medical examinations for pupil midwives and pupil district nurses are mainly carried out by doctors in the areas where the pupils live and the reports, for which a fee is paid, are sent to the Medical Officer of Health.

NURSING HOMES

(Public Health Act, 1936, and Nursing Homes Registration Act, 1963).

The Register.

During the year the Pennsylvania and the Belmont Nursing Homes closed, leaving three on the Register at the end of the year.

The latter has since been adapted by the W.V.S. as a Home for elderly ladies.

The Conduct of Nursing Homes Regulations, 1963, came into operation on the 27th August : they made the local authority's control much more stringent : exemption of non-profit making Nursing Homes will, from 1st May 1964, no longer be permitted.

The Nursing Homes registered at the end of the year were :—

- Argyll House (7 convalescent medical cases)
(acute cases subject to further requirements).
- Nuffield Nursing Home (32 acute medical and surgical cases).
- St. Olave's Home (12 mothers and their babies).
- Southcroft Nursing Home (4 chronic medical cases).

CHILD CARE

Section 1 of the Children and Young Persons' Act, 1963, which imposes on the Local Authority extended duties to prevent and remove conditions likely to result in children having to be taken into care or brought before a juvenile court, came into effect on 1st October 1963. After consideration by the Children's Committee of the Council, some changes were made in the Child Care Co-ordinating Committee viz :

- (1) Its name has been changed to the Child Care Co-ordinating Conference.
- (2) The conference now reports to the Children's Committee of the Council each month in general terms on the work done.
- (3) The town clerk and the city treasurer have each a representative attending the conference.
- (4) The meeting is twice a month instead of monthly.
- (5) The conference has been authorised to spend up to £10 in appropriate circumstances and may recommend to the Children's Committee the spending of larger sums.

The medical officer of health remains the chairman of the Conference.

During the year 11 new cases were discussed and 19 cases closed (including one of the new cases). This left 17 cases still "active" at the end of the year. In 5 of the new cases housing was the main problem which led to difficulties ; in 4 of the other new cases the families involved were real "problem families" without a sound basis from which to start rehabilitation ; one of the others was a mental health case, while the remaining one concerned suffering to the children as a result of the electricity and gas having been cut off, following rifling of the meters.

CHILDREN'S COMMITTEE

The medical arrangements are unchanged as described in previous reports.

LOCAL HEALTH SERVICES.

(National Health Service Act, 1946).

HEALTH CENTRES.

No development occurred in regard to health centres for general practice. Some interest has been expressed by a few of the doctors in the development of a privately established medical centre for a number of practices, an idea which has found practical and successful expression in the Hulme House Group Practice Centre in Manchesrer.

MATERNITY AND CHILD WELFARE

MATERNITY

Confinements. (See page 17).

Ante-Natal and Post-Natal Care.

(i) *Ante-natal Clinics.* During the year 500 mothers attended, making 1,900 attendances, at ante-natal sessions conducted by the home midwives.

(ii) *Free Home Helps for Ante-natal Cases (Toxaemia etc.)* This service was used for 20 mothers—all toxaemia cases—during the year.

(iii) *Blood tests in pregnancy.* Blood samples are examined in the Royal Devon & Exeter Hospital. It is not practicable to ascertain the results as applicable to Exeter mothers only.

HAEMOGLOBIN %

(Supplied by the Royal Devon & Exeter Hospital)

	40-49	50-59	60-69	70-79	80-89	90-99	100+	Not known	Total
Samples :	1	8	51	250	330	65	3	51	759

BLOOD GROUPINGS AND RHESUS FACTOR

Blood Group :	Rhesus +	Rhesus --	Total
A	289	33	322
B	66	11	77
O	288	47	335
AB	20	3	23
Not known	—	—	2
Totals	663	94	759

Relaxation and Mothercraft Classes. The number of mothers attending the relaxation classes increased again, viz. : 483 in 1963 compared with 430 in 1962. In all, 301 classes were held, including those in the two Mother and Baby Homes, and H.M. Prison ; attendances numbered 2,996. The traditional techniques (Grantly Dick Reid) were used.

The physiotherapist resigned in June and the classes were carried on by the midwives until September, when Mrs. Woodman, physiotherapist, was appointed part-time to take three classes each week, the other three still being conducted by the midwives. As from 1st January, 1964, a second part-time physiotherapist, Mrs. Smith, has been appointed.

From June, 1963, mothercraft teaching, formerly carried out in special classes has been incorporated within the framework of the relaxation classes.

CHILD WELFARE

Child Welfare Centres. (see Tables XIX and XX).

When compared with the figures for 1962, the number of children who attended the child welfare centres increased slightly but the total attendances declined slightly ; about 70% of the babies born in 1963, and in all more than half of the pre-school children in the city attended.

Toddler Clinics continued as before.

Health Visitor Consultation Clinics continued only at Shakespeare Road Clinic, where there is an active weekly session—1,008 attendances being made in the year.

Welfare Foods. Emergency supplies of National Dried Milk are available at the Exeter Maternity and District Nursing Association's Nurses Home during the week-end when the Health Office is shut. Over the year, 258 tins of National Dried Milk were so supplied.

Phenylketonuria. The home midwives have continued to test all babies in their care at twenty-one days for phenylketonuria, using the phenistix method with a specimen of urine, rather than a wet napkin. The health visitors test the urine of babies at or about six weeks of age. During the year, 1,179 babies were tested for phenylketonuria ; a number equivalent to just under 90% of the babies born. 56 were tested at 3 weeks old ; 634 at 6 weeks old ; and 489 twice at approximately 3 weeks and 6 weeks old. Only one was found positive but finally it was decided this was not a true case and the child is developing normally : the baby was born at home on 9.9.63 ; urine test positive 3.10.63 ; again positive 10.10.63 ; negative at 2 months old ; blood phenylalanine 4 mgms. % (considered to be within normal limits).

Maternity Bookings. A simple enquiry into the date of booking a home midwife for confinement at home shews that 39 mothers booked before the 16th week ; 147 from 16th to 23rd week ; 91 from 24th to 27th week ; 78 from 28th to 35th week and 11 from 30th week onward (366 in all). The earliest booking was in the 8th week, the latest in the 40th.

BUDDLE LANE DAY NURSERY

Attendances dropped considerably during the early months of the year, mainly because of the shockingly severe weather conditions, and during February the number on the roll was as low as 25.

Approximately three fifths of the children attending the nursery this year were priority cases (children of separated or divorced parents, unmarried mothers, ill mothers, and those children who were considered medically to need nursery care, e.g. children mentally retarded, physically disabled or in poor social circumstances). The rest were from homes where both parents went out to work.

The general health of the children in the nursery has been good ; there were 26 cases of measles and one case of whooping cough during the year. The usual annual dental inspection was carried out and following this, 4 children attended for treatment.

Speech therapy was given to one (spastic) child.

Table XVIII.
DAY NURSERY.

NURSERY AGE GROUP IN YEARS	Buddle Lane	
	0—2	2—5
Number of Places	15	25
Number on roll at beginning of 1963	2*	34
Number admitted	13*	30
Number removed from roll	6	34
Number on roll at end of 1963	3	36
Mothers working full-time at end of 1963	1	16
Mothers working part-time at end of 1963	1	1
Other reasons for admission at end of 1963	1	12
Maximum Attendance	10	28
Minimum Attendance	1	3

*Some children became 2 years old during the year and transferred to the 2-5 age group.

NURSERIES AND CHILD-MINDERS REGULATION ACT, 1948.

One nursery (10 places) and one child-minder (6 places) were registered during 1963.

At the end of the year there were in the City 3 registered privately owned day nurseries, with accommodation for 54 children in all ; and there were 3 registered child-minders (22 places). One registered child-minder with accommodation for 5 children voluntarily ceased to be registered during the year. The day nurseries and child-minders are visited quarterly, or more frequently, if necessary, by a Medical Officer and the Supt. Health Visitor.

There are no child minders registered by the Local Health Authority under its approved National Health Service proposals, under which part-fees are payable by the Council.

PROVISION FOR THE UNMARRIED MOTHER AND HER CHILD

Miss P. M. Kevan, social worker, died in October ; this was a great loss to the young unmarried mothers for whom she worked so untiringly and wholeheartedly. I was grateful to Mrs. K. Dunham (Health Visitor) for taking on the duties at short notice for a couple of months. Miss S. Williamson took temporary duty thereafter.

Of the 120 cases helped this year (see Table XXI) 1 girl came from the U.S.A., 1 from France and 1 from Scotland. Of the mothers helped, 1 was fifteen years of age, 2 were sixteen, and 23 were seventeen, eighteen or nineteen years of age.

ST. OLAVE'S HOME

(Owned by the Exeter Diocesan Association for the Care of Girls)

Number of admissions during 1963 (including 2 Exeter residents)	....	....	54
Number of children adopted (including 2 Exeter residents)	....	....	26
Number of children taken by mothers or relatives (No Exeter residents)	....		13
Number of children fostered	....	....	5
The domiciliary midwives delivered 38 mothers in the Home.			

ST. NICHOLAS HOUSE

(Owned by the Exeter Diocesan Moral Welfare Council)

Number of admissions during 1963 (including 5 Exeter residents).	....	....	54
Number of children adopted (including 1 Exeter resident)	....	....	20
Number of children taken by mothers or relatives (including 1 Exeter resident)	....		23
Number of children fostered (including 1 Exeter resident)	....	....	3

3 mothers used the Home as a Hostel.

The domiciliary midwives delivered 35 mothers in the Home.

REPORT OF THE PRINCIPAL DENTAL OFFICER FOR 1963.

(ALVIN PRYOR, L.D.S., R.C.S., (Eng.)).

The dental care of expectant and nursing mothers and of pre-school children, is one of the most important branches of our work. Although not as busy in this direction as we would wish, due to mothers being able to receive dental treatment free under the National Health Service, the Maternity and Child Welfare Dental Service shows a year of steady progress.

The tendency recorded in my previous report, that of increasing attendances of pre-school children at the clinics, happily continues, however. But many mothers appear unaware that their children are eligible for dental treatment from an early age. They seem to think that they have to wait until the child is of school age before dental treatment can be commenced, and are agreeably surprised when advised that this is not so.

The pre-school child is a class of patient which often finds difficulty in obtaining treatment from dentists in private practice. Some practitioners have not the time, or perhaps even the inclination, to treat these small patients. We find them interesting to deal with. Early accustoming of a child to visiting the clinic, even for " just a look at those nice teeth of yours " helps a great deal when the child has to receive treatment later in school life.

The doctors, health visitors, nurses and midwives have all co-operated well in sending us mothers and children eligible for treatment. In particular, St. Olave's Home and the Exeter and District Nursing Association have excelled in this respect. To all these, our cordial thanks are extended.

At approximately monthly intervals throughout the year I gave a series of informal talks, on the care of the teeth and gums, to groups of expectant mothers. These talks were given after relaxation classes at both Whipton and the Alice Vlieland Clinics. They often provoked lively discussion afterwards, and seem to have been appreciated. The idea behind these talks was to avoid technicalities, and give simple and highly practical advice. This could not only be applied to the care of the mothers' own teeth and gums, but also to those of their children.

Table (a).

Mothers and Children provided with dental care—number of cases.

	Number of persons examined during the year.	Number of persons who com- menced treatment during year.	Number of courses of treatment com- pleted during the year.
Expectant and nursing mothers	142	100	89
Children under five years and not eligible for school dental service	192	102	112

Table (b).*Forms of Dental treatment provided.*

	Scalings and gum treatment	Fillings	Silver Nitrate treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	53	189	—	—	193	49	22	18	56
Children under five years, and not eligible for school dental service	—	55	142	—	203	95	—	—	2

Expectant and Nursing Mothers.

Of the 142 inspected, the following details show the source of reference :—

Home Midwives	....	....	....	....	38
Maternity & Child Welfare clinics	....	....	....	....	26
Family Doctors	....	....	....	....	2
St. Olave's Home	....	....	....	....	40
Post-Natal Cases	....	....	....	....	36

Pre-School Children.

192 pre-school children were examined, including 167 whose parents desired treatment or who were referred from Child Welfare Clinics and 25 in Buddle Lane Nursery (of whom 20 had sound mouths).

Anaesthetics.

Dr. N. G. P. Butler, our consultant anaesthetist, attends regularly each week to provide dental anaesthesia for mothers and pre-school children. Dr. Butler uses the high-oxygen-content technique in gas and oxygen anaesthesia. Proportions are 20% oxygen to 80% nitrous oxide. This ratio is maintained from start to finish of each case. The patient thus breathes the equivalent of atmospheric oxygen. The safety factor is extremely high, and recovery is rapid and complete.

My best thanks are due to the dental officers and staff, who have worked loyally during the year and put in a lot of effort.

A personal disappointment has been the failure to implement the Minister of Health's recommendation of 1962 to local authorities to fluoridate the domestic water supply. Enough has been written elsewhere about the proven safety and benefits, in reduction of dental decay in children, of this simple measure. It has been the subject of five-year Government controlled and sponsored study in Britain. The results and conclusions are fully endorsed by the principal medical and dental authorities.

The Minister of Health said, in the House on 17th December, 1962—" I am advised that there is no method of preventing dental decay which is as effective as correction of deficiency of natural fluoride where that exists ". Yet a vociferous minority have evidently carried more weight than that of the authorities.

Exeter continues to be without this benefit—in my view a great opportunity missed.

MIDWIFERY

Supervision of Midwives. 77 midwives notified their intention to practise within the City ; 58 of these were employed by hospitals ; 14 by the Exeter Maternity and District Nursing Association on behalf of the City Council ; 1 by the Home Office and attached to H.M. Prison, Exeter ; 2 by Nursing Agencies and 2 were in private practice.

Refresher courses approved by the Central Midwives Board were attended by 7 hospital midwives, 1 domiciliary midwife and 1 midwife employed by a Nursing Agency.

In 1963, the Central Midwives Board asked all midwives to try to ensure that a doctor should be called to examine stillborn infants even if he had not been in attendance, so that he could certify the probable cause of death. The Board say that 85% of stillbirths are certified by doctors.

No medical aid notices (i.e. midwives' request for assistance from doctors) were issued during the year ; 46 other notifications in respect of " source of infection " were received.

Institutional Midwifery. Approximately 76% of the babies born to Exeter mothers in 1963 were born in hospitals and other institutions.

Mowbray House Maternity Unit—Bookings. Owing to undue pressure on the bed accommodation at Mowbray House (the General Practitioner Unit) we reduced the bookings from August to 75 per month (and have reduced this figure once again in 1964 to 70).

Of 895 mothers booked for delivery at Mowbray House in 1963, 658 were delivered there (not necessarily in 1963), 125 at the City Hospital, 8 at home, 2 at Redhills Hospital, 1 in a Mother and Baby Home ; 84 cancelled their bookings, and 17 were untraced (e.g. left the district without telling us). There were 4 sets of twins delivered at Mowbray House.

DOMICILIARY MIDWIFERY

Staffing and Organisation. Unchanged.

Training—Part II School. 27 pupil midwives sat and passed the midwifery examination in 1963. These pupils all trained in conjunction with the City Hospital.

Five of our midwives are approved district teaching midwives, one having the Midwife Teacher's Diploma.

Post Graduate Courses. One midwife attended a post graduate course at Bristol.

A one week approved refresher course for midwives, arranged by the Royal College of Midwives, was held at St. Luke's College, Exeter, in September; the domiciliary midwives were invited to attend the lectures at this course, and they attended as many as possible.

In November, 1963, Mrs. Eileen Montgomery, a physiotherapist from Bristol, gave a lecture demonstration on methods of relaxation in childbirth; our own midwives and pupils, health visitors, midwives from Devon County, and midwives from the hospitals, attended.

Mr. Blundell Jones, Consultant Orthopaedic Surgeon, recently gave a lecture and shewed a film on recognition of congenital dislocation of the hip. This proved most helpful, and was attended by more than sixty health visitors and midwives.

The midwives have for some years tested all new born babies for dislocation of hip and in 1963 two babies were referred to the Princess Elizabeth Orthopaedic Hospital as a result of such examination.

Confinements. Of Exeter mothers confined during 1963, approximately 24% were delivered at home.

The domiciliary midwives attended 396 mothers for the confinement, etc., a number substantially smaller than in the previous year (444). Included are 38 mothers delivered in St. Olave's Home, 35 in St. Nicholas House, 6 in H.M. Prison, and 1 in Digby Hospital (who was transferred to the City Hospital thereafter), and 5 (by special arrangement with the County Health Department in connection with the pupils' training) outside the City. The total number of midwifery visits of all kinds *exclusive* of visits to mothers discharged from hospital and to babies regarding feeding problems (see page 101) was 16,823. As well as being on call during the prison midwife's holidays and off-duty, the domiciliary midwives undertook all the midwife care in the prison for the last three months of the year and until a new midwife was appointed.

Discharge of hospital midwifery cases for home care. The number of midwifery patients discharged from hospital for home nursing care during 1963 (457) was more than double that in 1962 (214). Of these mothers, 387 were discharged before the tenth day, as against 162 in 1962.

Although the deliveries attended by the domiciliary midwives in Exeter for 1963 (391) were less than in 1962 (444), the total mothers cared for during the lying-in period (i.e., domiciliary deliveries plus hospital discharges) has increased from 658 to 848.

MATERNITY CASES TRANSFERRED FROM HOSPITAL FOR CARE BY DOMICILIARY MIDWIVES

Year ending 31st December, 1963

<i>Day of Discharge:</i>	<i>Number of Cases:</i>	<i>Number of Visits:</i>
1st	3	69
2nd	32	560
3rd	37	659
4th	18	262
5th	34	413
6th	31	338
7th	57	530
8th	90	768
9th	85	689
10th	33	174
over 10th	37	231
	<hr/>	<hr/>
Totals	457	4693
	<hr/>	<hr/>

Number of visits paid after 14th day by midwives to above cases : 1,181.

Other visits. The midwives attended 102 cases because of infant feeding problems, making 880 visits to them.

The home midwives attended for various reasons (prematurity, feeding problems, etc.), 114 mothers beyond the twenty-first day of the puerperium and a further 116 beyond the twenty-eighth day.

Analgesia in Labour. 354 (i.e. over 90%) of the 391 mothers attended in Exeter by our home midwives had analgesia during labour : 272 had gas and air analgesia and 104 had trilene with or without other analgesics. Pethidine was administered in 200 cases (in all but 16 of which, pethilorfan was also used).

Oxygen. Oxygen is taken by the midwives to all domiciliary deliveries, and during the year we have purchased two "Normal-air" apparatus, replacing the Sparklet apparatus previously used ; they have the advantage of giving regulated oxygen in sufficient quantity to be used for either mother or baby. Oxygen was administered to 15 newborn infants and to 1 mother in labour (with foetal distress), the baby being quite well on delivery.

Emergency Ambulance Calls. A midwife was called on nine occasions at the request of the St. John Ambulance, including two calls to St. David's Station (the mother having become unwell on the train).

Free Home Help for Ante-natal Cases. This service was used in 20 cases during the year. 15 of these mothers were booked for home confinement, 4 for delivery in Mowbray House and 1 for delivery in hospital. 18 of the mothers had normal delivery and live babies, 1 miscarried, and 1 was still undelivered at the end of 1963.

Reports to the Health Visitors. The weekly report to the health visitors was discontinued in January, 1963, when the "At Risk" form came into use. To avoid duplication of visits, the Superintendent Health Visitor is informed of the name of any mother discharged early from Mowbray House or Hospital, where the midwife is nursing.

BIRTH CONTROL

A Birth Control Clinic is conducted by the Exeter and District Women's Welfare Association. Since 1930 a total of 346 cases has been referred, 1 case being approved during 1963.

HEALTH VISITING

Organisation and Staffing. The staffing remained unchanged at 1 Superintendent and 12 health visitors and 1 tuberculosis health visitor, and we had one student in training. Only the superintendent and two health visitors now work from the central office, all the others being based on the clinics (excepting Buddle Lane Clinic, which does not belong to the Health Committee). The average case load is 500 children under 5 years old. Each health visitor has responsibilities for an infant school and 5 have duties in senior schools. Staff meetings are held quarterly.

A part-time clerk was appointed to this section in April, 1963. A new monthly health visiting work sheet (Kalamazoo summarising system) was introduced in 1963. It has produced a great improvement in the tabulation of work done.

Training. Miss B. M. Barnett, a sponsored health visitor student, began her studies in Bristol University in October, 1963. Two health visitors attended a refresher course and the Superintendent attended a course at the Civil Defence Staff College. Health visitors attended various other lectures (e.g. Child Health Group, Social Workers Club and Conference, Devon & Exeter Association for Mental Health, etc.).

Transport. Four of the health visitors have casual car allowances, 1 a scooter allowance, and there are two departmental cars for the superintendent and the tuberculosis health visitor.

During the first quarter of the year, the health visitors experienced difficulty in travelling because of the extremely severe weather conditions, and unfortunately, the staff sickness rate was above average. Our main concern at this time was in regard to the aged especially those who lived alone and especial

attention was paid to visiting all those known to the department. Frozen water pipes and bursts caused a good deal of hardship. The children were not quite so exposed to real danger except where there was lack of bedding and insufficient heating.

Home Visits. The health visitors made in all, 22,264 visits of which 2,887 (13%) were ineffectual (no reply). Just under 80% of the visits were to mothers in regard to young children and another 5% to mothers, ante-natally. The Council's residential nursery is visited monthly (or oftener on request by the Matron).

The Aged. The first quarter of 1963 was a very trying one for all aged persons, because of snow and ice for many weeks, and the health visitors spent much time in extra visits to assess their needs.

Some people were in distress because of the cost of fuel for extra heating. In some instances, the elderly could not have fires because of burst boilers, whilst others were confined to bed with chest trouble, and in one case, an elderly person suffered from frost bite. In such cases the home helps and district nurses were called in and did splendid work. The health visitors helped with shopping and dealing with the doctors' prescriptions, as well as arranged for drying facilities, obtaining fresh bedding, blankets and in some instances, recommended emergency accommodation. Much valuable help was given by the W.V.S. who supplied clothing, and the City Welfare Department supplied emergency meals and fuel. It was generally felt that the aged living alone needed the utmost priority in visitation at this time.

In spite of this, there were also some distressing cases involving entire families whose homes were utterly sodden with burst pipes and insufficient heating (because of this reason or because of the cost of fuel) and who were unable to cope with the situation.

However, babies were wonderfully protected by the entire family, whereas the aged were lonely and in some instances, helpless.

<i>Year</i>	<i>No. of Aged visited</i>	<i>No. of visits made</i>
1963	229	741
1962	122	490
1961	103	409

The health visitors can play a useful part in advising older people on measures designed to help them to maintain health and in securing necessary services. It is above all, important to ensure an adequate diet and to secure sufficient care for the feet, the one for physical health, the other to eliminate unnecessary house-boundness which leads to loneliness, mental, social and psychological deprivation, and deterioration. Early attention to hearing loss and visual failure are also appropriate fields of effort for the health visitor.

Moral Welfare Work. Because of the untimely death of Miss Kevan in October, 1963, one of the health visitors (Mrs. Dunham) undertook the moral welfare work for the city until the 13th January, 1964. She held an evening session once weekly so that the mothers did not have to ask their employers for time off work and tell the reason for this. She also made many evening visits, so that her health visiting work was not seriously interrupted. 18 new cases, plus 14 taken over, were helped.

Miss Leslie, Secretary of the Exeter Diocesan Moral Welfare Council, and Mrs. Richards (Secretary, Adoption Society) gave a lot of help.

Diabetes. (1) The arrangements whereby one health visitor attends the diabetes clinic in the Royal Devon and Exeter Hospital and does follow-up visiting as required, were continued.

(2) A small pilot survey in the detection of diabetes mellitus (in persons over 21 years of age) was made in a localised area in the St. Thomas area in February and March by two of the health visitors. In all, 217 urines were examined which necessitated about 150 visits. It was estimated that 25% of the persons approached would not co-operate and that about a fifth of these were afraid. One unknown case of diabetic mellitus was found, and referred to the family doctor for follow up; she eventually came under treatment. It was decided that the method used in this survey, house to house visitation, was not economic, and also that it would be better to ask the family doctors to try to test those in their practices who were likely to be at greater than normal risk, i.e. stout persons over 50, those with a family history of diabetes, those with symptoms suggestive of diabetes (over-appetite, thirst, loss of weight, etc.) and women who had had *very* large babies.

Deafness in Young Children. Two of the health visitors (Miss Bastow and Miss Caselli) who have had a short course of training (in Manchester University) are responsible for the more detailed testing of young pre-school children suspected, for any reason, of being deaf. The testing of the hearing of children under 5 years of age who are born 'at risk' or who have developed catarrhal or ear infections has now been in operation for three years and the following table gives figures of *new* cases tested in this period :—

Year	No. of children tested (new cases only)	'At risk'	Other reasons	No. in whom some evidence of deafness was found
1961	104	68	36	15
1962	126	74	52	17
1963	135	92	43	19
Totals	365	234	131	51

In addition to the new cases referred a number of children have required further tests in subsequent years due to :—

- (a) Failure to give a satisfactory response to initial testing.
- (b) Failure to develop normal speech by the age of 2-3 years.
- (c) Recurrent ear or upper respiratory tract infections.
- (d) Family history of congenital deafness.

Year	No. of children tested	No. of tests performed
1961	104	120
1962	139	149
1963	160	182
GRAND TOTALS	403	451

It will be seen that there is an increase in the number of new referrals each year and also that there is a cumulative factor regarding those children who need to be re-tested periodically. In addition the rate of testing during 1963 has not kept up with the rate of new referrals and at the end of the year there was a 'waiting list' of approximately 100 cases due for testing. The referral of babies has almost doubled since the introduction of the 'at risk' register.

'At risk' Group.

It seems reasonable to presume that a satisfactory response to the initial screening test on a baby who is born 'at risk' (apart from those in whom there is an hereditary factor) is sufficient evidence to show that the hearing has not been impaired and is unlikely to become so as the result of pre-natal or peri-natal injury. Where however, there is a family history of congenital deafness there seems to be a definite risk of deterioration in hearing acuity as the child grows older and it would seem advisable to re-test such children annually throughout their pre-school years. We have at present two such children in whom the onset of deafness appears to have occurred between 2-3 years of age.

Example I. Mother born deaf and is dumb. Three tests at 5/12 year, 7/12 year and 1.7/12 years—all within normal limits. Re-tested at 1.9/12 when thought to have mild loss of hearing and referred to the Hearing Assessment Clinic at the City Hospital : not then considered in need of help. Reviewed at 2.2/12 years and given an hearing aid, although deafness at this examination was not thought to be severe. Reviewed at 2.8/12 years and recommended for admission to the School for the Deaf—admitted at 3 years of age.

Example II. Sister provided with a hearing aid at 8 years (1963). Now thought to have acquired deafness at about 3 years of age. Referred shortly afterwards, when 3½ years of age because of behaviour problems resembling those shown by sister at a similar age and because neighbours (*not* parents) have suspected deafness. This child has a good vocabulary and appears to understand her parents well. She is extremely un-co-operative, has

temper tantrums and nightmares, and is almost impossible to test. Her voice is becoming toneless and it seems highly probable that she has a quite severe hearing loss.

Acquired Deafness Group.

Children in this category are mainly those who have developed ear infections and catarrhal symptoms, but as the 'at risk' baby is equally prone to ear trouble it is not possible to exclude the 'at risk' element unless a previous test has given satisfactory results.

Deafness of this type should in many instances be preventable, the essential thing being to ensure, if possible, that the acute condition is not allowed to become chronic. Early detection of the onset of deafness, which may be fluctuating in degree can only be obtained through frequent re-testing and follow up. We are, therefore, trying to re-test annually all children who have recurrent ear infections and to carry out a pure tone audiometric test before school entry. We hope by this means that treatment may prove more successful than has been the case in some children who have acquired chronic catarrhal deafness in the past.

Example I. Referred for testing at $2\frac{1}{2}$ years, with a history of chronic catarrh, recent otorrhoea, and unintelligible speech. Thought to have high frequency deafness and referred to Ear, Nose and Throat Surgeon again at $2\frac{1}{2}$ years. Adenoids removed at 3 years. Retested at $3\frac{1}{2}$ years and referred back to Ear, Nose and Throat Surgeon with persistent deafness. Tonsils removed at 4 years. Retested at $4\frac{1}{2}$ years and referred back to Ear, Nose and Throat Surgeon. No improvement in hearing. Myringotomy performed at 5 years. Retested at 5.4/12 years, no improvement. Referred back to Ear, Nose and Throat Surgeon for removal of new adenoidal growth and further myringotomy. Remains under observation in school. Still partially deaf.

Example II. Referred for testing at 3.8/12 years with history of recurrent otorrhoea and catarrhal obstruction. No evidence of deafness when tested at 3.8/12 years, but when re-tested six months later found to have a moderate loss in right ear and more severe deafness in left ear. Referred to Ear, Nose and Throat Surgeon. Adenoids removed at 4.3/12 years. Retesting three months later shewed some improvement, but hearing is still impaired and the child remains under observation in school.

Details of these and other similar cases are passed to Mr. Williams, the Teacher of the Deaf, so that he may follow up these school entrants and assess their degree of handicap in normal classroom conditions. A copy of all hearing test findings is included in the school medical records and is available to the school medical officer when required.

It is almost three years since hearing assessment of young infants was commenced by these health visitors: so far, deafness in children has been found here to be an acquired deafness rather

than resulting from adverse influences operating at or before birth, i.e., in "at-risk" group.

The organisation of this survey is now being reviewed.

Analysis of Hearing Tests performed in 1963.

	Under 1 yr.	1—2 yrs.	2—5 yrs.	TOTAL
No. of children tested.	80	23	57	160

Results obtained.

No Evidence of deafness.	Suspected Partial Deafness.	Inconclusive. For re-testing.
121	19 (4 at risk)	20 (9 at risk)

In the 19 cases where deafness was suspected the following action was taken :—

Referred to L.H.A. Medical Officers.	Referred to G.P.	Under obs. by Hosp. Consultants
15 (3 at risk)	1	3 (1 at risk)

The 15 new cases referred to the L.H.A. Medical Officers were dealt with as follows :—

Age	Refd. to Hosp. Hearing Assess. Clinic	E.N.T. Surgeons	Refd. to own Dr. for treatment	For obs. by M.O.	Failed to attend	Not yet seen
under 1yr.	—	—	—	—	—	—
1—2 yrs.	—	—	—	—	1	—
2—5 yrs.	1 (1)	7 (1)	2 (1)	2	1	1

(Brackets indicate 'at risk' children).

The child referred to the hospital hearing assessment clinic remains under observation by the consultant.

Of the 7 referred to the E.N.T. surgeon, 6 have had or are to receive surgical treatment and the seventh has been fitted with a hearing aid. This latter child has an 'at risk' history as well as chronic ear infection. He now attends an ordinary school where he will remain under observation.

Health Education and Talks.

Talks, film shows, demonstrations on health subjects, etc., were arranged by the superintendent health visitor and the staff for various voluntary organisations, student nurses and pre-nursing course students, mothercraft classes, etc. Additionally, the health visitors did much of the work in connection with the Water Safety Exhibition (July 4th—12th) giving 94 film shows. Health visitors contributed four articles to the local issue of *Better Health* and arranged monthly displays on home safety in the Queen Street shop used for this purpose.

Co-operation with family doctors, almoners, other agencies.

There is no formal attachment of health visitors to individual practices. One health visitor attended two ante-natal clinics conducted in general practitioners' surgeries :— one monthly, one quarterly.

There is excellent liaison between the hospital almoners and the health visitors, especially in regard to children and aged persons.

HOME NURSING

Organisation and Staffing. Unchanged.

The work was very heavy for nursing staff in the first quarter of 1963 because of the severe weather conditions, hardship in travelling and bad working conditions within the houses ; there was much distress amongst elderly patients.

The health of the staff has remained good, and the majority availed themselves of the opportunity to have influenza vaccination, polio vaccination and mass radiography.

Education and Training. 14 nurses took district training here during the year ; 5 were trained for our own staff, 8 for County Authorities, and 1 was sponsored by the Government of Trinidad. One nurse gained a distinction in the examination in September.

Student nurses from the Royal Devon and Exeter Hospital, the Exe Vale Hospital, and the City Hospital (as in previous years) attended, to make a morning's visit on the district with the Queen's nurses. Student nurses taking Enrolled Nurse training at the City Hospital also came this year for similar experience.

A conference (for County and Training Home Superintendents) on district nurse training was held here in March, 1963, Exeter being chosen as the centre for the south west.

Transport. At the end of 1963 in the joint Midwifery and Home Nursing Service we had 16 cars and 6 Lambrettas. In addition, eleven members of the staff use their own vehicles on an mileage allowance.

Visits. The number of home nursing visits made this year was 91,399, a very slight decrease on the figures for 1962. Casual visits (in which nursing is not involved) increased by nearly a thousand to 5,809. 3 in 5 of all patients nursed were over 65, and two-thirds were women and girls.

Late Night Visits. 1,402 general nursing visits were paid after 8 p.m. during 1963. These were paid by the general nurses, working on a rota system to very ill patients and for giving sedatives, and to emergency cases at the request of the doctors.

Two non-resident general nurses take afternoon work instead of the normal split duty, and so we provide a twenty-four hour emergency service for general work as well as for midwifery.

HOME NURSING DURING 1963.

	New Cases	Total cases nursed	Total visits	% of cases over 65 years of age
Degenerative diseases and senility	875	1,291	72,017	75
Tuberculosis	10	19	1,320	31
Acute disease incldg. infectious disease	564	584	6,473	41
Maternity	41	81	827	—
Gynaecology	125	129	258	82
Accidents	87	105	3,228	60
Others	472	461	7,276	49
Totals	2,174	2,670	91,399	56
Casual visits (Not Nursing)	5,809			

VISITS TO PATIENTS SUFFERING FROM CARCINOMA 1956--1963

Year	No. of Visits	No. of patients nursed	% of patients over 65 years of age
1956	4,446	115	58%
1957	4,223	104	55%
1958	3,741	126	53%
1959	5,229	124	59%
1960	4,221	118	70%
1961	5,346	130	65%
1962	8,515	156	62%
1963	6,412	153	61%

HOME NURSING DURING 1956-1963.

Year	Total visits	Casual visits	No. of cases	% of cases over 65 years of age
1956	92,913	1,607	3,203	48%
1957	96,234	1,073	3,154	51%
1958	87,636	1,500	2,893	54%
1959	83,071	1,780	2,865	53%
1960	85,551	4,386	2,689	58%
1961	81,717	3,718	2,591	58%
1962	91,547	4,886	2,492	57%
1963	91,399	5,809	2,670	56%

IMMUNISATION AND VACCINATION

We adopted the Medical Research Council's recommendation that infants should be vaccinated against smallpox during their second year of life instead of the first year as in the past. As was inevitable that has resulted in a marked drop in the number of such vaccinations performed. It is expected that next year the number of children vaccinated will increase substantially, though it is unlikely that the response will be as good as when infants were ordinarily vaccinated at about 5-6 months.

During 1963 there was a slight fall (by 131) in the number of infants receiving triple antigen vaccine against diphtheria, whooping cough and tetanus, but a rise in those receiving their booster dose at 18 months old, though the number receiving this is still too small.

About three in four of the smallpox vaccinations were effected and about the same proportion of the courses of triple antigen given, by family Doctors.

1. *Smallpox Vaccination.*

263 persons received primary vaccination during the year including 200 under 2 years old. A further 147 persons were re-vaccinated.

2. *Diphtheria, Whooping Cough and Tetanus Immunisation.*

(a) *Primary Immunisation.*

1,031 infants received courses of triple antigen (against diphtheria, whooping cough and tetanus) 993 of these being under 1 year of age. This is equivalent to 79% of the live births in the City. 675 infants had completed their course by six months of age and 464 of these by five months. 43 others had a primary course against diphtheria only.

79.6% of the children under five years of age at the end of 1963 had had a full course of diphtheria prophylactic.

(b) *Booster Doses.*

(i) *At 18 months :* 760 infants received a booster dose of triple antigen at 18 months old. This is an improvement on last year's figures, but still only represents 76% of those who had received primary courses.

(ii) *at 5 years old :* 707 children were given booster doses for diphtheria, at 5 years of age. All but 6, had the combined diphtheria—tetanus prophylactic; 76 continued and had a full primary course of tetanus prophylactic.

(iii) *at 10 years old :* 707 children of 10 years old were given a booster dose of diphtheria prophylactic, 632 of them also being given a primary course or a booster dose of tetanus prophylactic.

3. *Tetanus Protection.*

In all, 2,806 children completed a full primary course of tetanus toxoid during the year, 1,031 of these receiving their protection in early infancy as part of a course of triple antigen ; 51 as a sequel to hospital reference ; the remaining 1,724 children were all of school age.

The practice of giving tetanus antitoxin more or less routinely at the Casualty Department of the Royal Devon and Exeter Hospital (Mr. F. C. Durbin, F.R.C.S., Consultant Surgeon), to all those with wounds was discontinued during the year ; from then on antitoxin was given only to cases considered to be a serious tetanus risk. In consequence letters sent to the parents of children who had had antitoxin, inviting them to bring the children for active tetanus protection were far fewer than in 1962. 145 such letters were sent out and 51 of these children concerned completed a course of tetanus toxoid and a further 5 had had two doses by the year-end.

4. *Yellow Fever Vaccination.*

Under the Council's arrangements for yellow fever vaccination, 385 persons were vaccinated, 72 of them children. All were proceeding abroad and requiring international certificates of yellow fever vaccination.

5. *Influenza Vaccination.*

Influenza vaccination was offered to all Health Department Staff and to the staffs of the Police, Fire, Transport, Housing, St. John's Ambulance, E.D.N.A., Education, Surveyors, and Welfare Departments. 57 of the Health Department and 260 of the other nine departments accepted and were vaccinated during October to December. There has been no major influenza epidemic in the City during the winter 1963/64 so it has not been possible to assess the efficacy of the vaccine.

6. *Poliomyelitis Vaccination.*

During the year, 1,191 children completed a course of three doses of poliomyelitis vaccine—974 of these being infants. In 501 of these the first two doses had been of Salk vaccine and the third, oral Sabin vaccine. 226 adults and young persons completed a course during the same period—this included 39 expectant mothers.

Fourth (booster doses) were given to 1,562 children.

AMBULANCE SERVICE

(See Tables XXVII—XXVIII)

Staff. The number of staff remained unchanged in 1963. The total amount of time lost through sickness was 353 days, considerably less than in the previous year despite the very bad weather conditions from January to March.

Training. The ambulance drivers attended their annual course of first aid lectures arranged by the St. John Ambulance Brigade. It is felt that some *advanced* form of first aid training is now needed, organised perhaps on a regional basis.

Premises. Some improvements were made in the ambulance control room during the year. The Council after consideration of the Regional Hospital Board's offer of a site within the curtilage of the new Royal Devon & Exeter Hospital (on the Wonford site) decided that it was unsuitable: and that the new Ambulance station (to be erected in 1965/66) should be built on the site in Gladstone Road already allocated for this purpose—opposite the entrance to the City Hospital. I hope it will be found possible to secure an enlargement of this site.

Vehicles. There were two replacements in the fleet which now consists of 6 ambulances and four dual purpose vehicles owned by the City Council, with an ambulance belonging to the St. John Association in reserve.

Mileage and Persons Carried. The ambulances journeyed just over 110,000 miles and carried just under 21,000 persons.

Emergency Cases. There was a further increase in the number of accident and emergency cases carried. The extremely bad weather conditions during January and February undoubtedly were responsible for many of these accidents but the number of road accidents in the summer months also increased. Road improvements do encourage greater speed and if collisions do occur they are then very often much more serious.

Planned Removals. Ordinary removals to and from hospitals were fewer in 1963 but the reduction was only slight. The number attending as out-patients remained more or less unchanged. Out-patients who attend regularly and are capable of walking unaided are mostly transported by the Hospital Car Service. The number of infectious patients conveyed, both City and County cases, was again reduced. Co-ordination with the Devon County Ambulance Service also reduced the number of journeys made by our ambulances.

Radio Telephony. Approval to the installation of radio telephony was given during the year, and it has been introduced early in 1964.

PREVENTION, CARE AND AFTER CARE

HEALTH EDUCATION

Classes in mothercraft and related health matters were taken by one of the Health Visitors (Mrs. Stannard) for the girls in their last year at the four secondary modern schools.

The monthly discussion group for mothers at Whipton Clinic continued to be active.

Talks on health topics were given by members of the staff to various organisations.

Smoking and Health.

Publicity on the dangers to health by smoking was continued. Posters were displayed in schools, youth clubs, and public offices. All envelopes containing mail going out from the Health Department are over-printed with the words "Smoking Harms Health—Lets help youngsters *not* to start."

Home Safety.

The Home Safety Committee met quarterly. The Council allowed the committee the use of the shop window of 94 Queen Street and displays on home safety and water safety were shown throughout the year. We are very grateful to the Editor of the *Express & Echo* (Mr. M. C. B. Hoare) who helped considerably in bringing points on home safety raised by the Committee to the notice of the public. The main themes of the short inserts in the local issue of *Better Health* were Home Safety and Water Safety.

Water Safety.

An exhibition (4th—12th July) in the Old Western Times Offices, on water safety was sponsored by the Home Safety Committee and arranged by the Health Department with the co-operation of the voluntary first-aid organisations, the swimming clubs, the police, fire brigade, and civil defence corps. It was opened by the Mayor (Alderman W. G. Daw) accompanied by the Sheriff (Alderman Mrs. M. Nichols) and the Civic party. The need for sensible precautions in boating, swimming, sub-aqua activities and all other water sports was stressed. Films on water safety and mouth-to-mouth resuscitation were shown. Mouth-to-mouth resuscitation was frequently demonstrated, members of the public being encouraged to practise on a "Resuscianne" model. The attendance at the exhibition was about 1,800.

Meals-on-Wheels.

During the year the Home Nurses delivered over 550 meals on Saturdays and Sundays to patients under district nursing care, who would otherwise not have had a hot meal. These meals are collected from the City Welfare Department's central kitchen (Southlands) and are taken round in a charcoal heated container.

Nursing Equipment Loans.

This service was again much used. Our total stock of articles numbers 1,480. This year, for record purposes, I include details in the table below :—

LOANS RETURN—YEAR ENDING 31ST DECEMBER, 1963

Article :	LOANS MADE in 1963*	ON 31ST DECEMBER, 1963. In Stock : On Loan: TOTAL :		
Bellows, air hand	52	3	1	4
Foot pumps	386	2	—	2
Back rests	52	29	68	97
Beds, air	111	5	6	11
Bed boards—fracture	3	30	60	90
Bed boards, commode	3	6	—	6
Bed boards, Nelson type	—	1	—	1
Bed chair (Guthrie Smith)	4	1	1	2
Beds, single, iron	—	2	—	2
Bed, single, iron, folding	—	—	1	1
Bed, hospital type with back rest	12	—	1	1
Bed, hospital, adult type cot	—	—	1	1
Bed, hospital pattern	—	2	1	3
Bed blocks	22 prs.	4 prs.	7 prs.	11 prs.
Bed lift (Invalid's friend)	3	1	—	1
Bed pans (assorted types)	—	29	74	105
Bed pans (steel)	385	4	8	12
Bed tables, wooden	—	4	2	6
Bed tables, convertible	12	2	—	2
Bed tables, tubular	—	1	1	2
Blankets (including calmanesh and cellolite)	29	10	6	16
Bowls, polythene	8	3	1	4
Cans, douche	14	2	6	8
Chairs, wheeled	73	6	24	30
Chairs, sanitary	5	—	2	2
Commodos	220	—	66	66
Cradles, leg	118	9	26	35
Cups, feeding	21	1	3	4
Crutches	3 prs.	—	1 pr.	1 pr.
Hoists, Penryn	48	—	15	15
Hoists, Oxford	2	2	—	2
Heater, paraffin	6	4	2	6
Inhaler	1	4	—	4
Kettle, steam	2	1	—	1
Mattress, single, flock	15	2	4	6
Mattress covers	19	13	4	17
Mattress, dunlopillo	3	1	1	2
Pillows	14	3	4	7
Pillow cases	64	116	21	137
Rings, air and sorbo	304	16	70	86
Reachers, "Lazy tongs"	1	2	—	2
Rubber sheeting (1½ yard lengths)	383	20	98	118
Sheets, bed	384	182	95	277
Towels, turkish	23	9	7	16
Urinals	201	8	40	48
Walkings aids, tubular	27	1	12	13
Walking sticks, wooden	4	4	2	6
Walking sticks, quadruple and tripod	95	4	35	39
Walking machine	1	—	1	1
Fireguards	6	2	2	4
Chairs, carrying	2	1	1	2
Bath rail, safety	1	1	—	1
Blankets, cot	26	10	4	14
Cots, wicker	10	4	1	5
Gowns, infant	8	6	—	6
Nightdresses/shirts	14	11	6	17
Napkins	172	68	12	80
Vests, infant	6	7	—	7
Palmer injector	—	1	—	1
Scales, baby	131	2	3	5
Cot mattress	10	4	1	5
Scales, adult (bathroom type)	4	1	1	2
Section Mattress for E.N.A. hoist	1	2	—	2
TOTAL				1,480

*As in previous years these figures show the number of patients to whom the items listed have been out on loan during the year. Some patients may have had as many as five or even more articles loaned to them at the one time. Linen (sheets, towels, etc.) is loaned over and over again to long continued cases but it is only counted as one loan, e.g. two sheets may be issued and re-issued many times but this only counts as 1 loan.

Soiled Linen Service.

The number of patients for whom the soiled linen service was used (227) was about the same as in 1962. Articles laundered numbered 11,035 and the number of disposable sheets issued was 1,691.

Night Home Help Service.

Number of patients for whom service has been used	....	1963
Number of cases where night home help attended for more than 14 nights	....	91
		16
Reasons why night home help ceased to attend at cases :—		
Patient died	....	45
Patient transferred to hospital or nursing home		24
Patient no longer requiring attention at night		15
Private arrangements made	....	4
Patients still being attended on 31.12.63.	....	3
Total		91

CHIROPODY

The pressure on the Chiropody Service is increasing steadily. The whole time chiropodist resigned in September 1963, on securing another appointment. He had served the Council well for two years. We were able to appoint a half-time Chiropodist from 7th October and later another chiropodist (full-time) Mr. S. Bradley, M.Ch.S. who started here in December 1963. This gap was of course very unfortunate and set back the service considerably.

The number on the register at the end of the year was 534.

The 10 year plan envisages the Council employing 2 whole-time Chiropodists in 1964 and up to 3 in 1966/67 and 4 during 1967/74, but this progress may have to be quickened.

CHIROPODY SERVICE

Number of treatments during 1963.

	Elderly		Handicapped		Expectant Mothers	School Children		Totals	
	M	F	M	F		M	F	M	F
Clinic	383	1347	25	64	22	50	116	458	1549
Domiciliary	228	615	14	—	—	1	182	243	797

TOTAL TREATMENTS

Clinic	2007
Domiciliary	1040
TOTAL	3047

TUBERCULOSIS — CARE AND AFTER-CARE

NOTIFICATIONS.

Year	Respiratory	Non-Respiratory	Total
1957	51	10	61
1958	54	14	68
1959	72	10	82
1960	37	9	46
1961	26	13	39
1962	30	8	38
1963	26	7	33

Respiratory Tuberculosis. There was a small decrease in the number of new notifications during the year.

Non-Respiratory Tuberculosis. The new cases included :— Neck Gland 1, Genito-urinary 5 (including one posthumous notification), Intestinal 1.

DEATHS.

21 tuberculous patients died during the year but in 13 cases death was not due directly to tuberculosis. 8 deaths were directly attributed to tuberculosis (7 respiratory and 1 non-respiratory).

RE-ACTIVATION.

1 case (non-respiratory) notified during 1963 was a patient who had previously been taken off the register in 1960 as recovered from respiratory tuberculosis.

TRANSFERS—IN AND OUT.

24 names were added to the register during the year (all respiratory) as inwards transfers from other areas, whilst 29 patients (27 respiratory and 2 non-respiratory) were “ transferred out.”

RECOVERY FROM TUBERCULOSIS.

68 respiratory and 13 non-respiratory cases were taken off the register during the year as recovered.

TUBERCULOSIS REGISTER.

At 31st December, 1963, the number of notified cases still on the register was 440, shewing, once again, a decline on the previous year's figures (515).

	Respiratory	Sputum Positive during 1963	Sputum Negative during 1963	Non- Respiratory
Men	197	12	185	20
Women	152	10	142	42
Children	25	1	24	4

TOTAL : 440

CONTACTS.

162 contacts were examined for the first time during the year. This represents 4.9 contacts examined, on average, for each newly notified case. As a result of contact examination (both first and follow-up examinations) 1 was found to be suffering from active respiratory tuberculosis.

RADIOGRAPHY.

The arrangements are unchanged. The two X-ray cameras continue to be fully employed. The small films (5 ins. x 4 ins.) are used, almost exclusively, for contact work and those taken totalled 171 : large films totalled 1,830.

TUBERCULIN TESTING AND B.C.G. VACCINATION.

(a) *Contacts.* 697 tuberculin tests were carried out during the year and 166 B.C.G. vaccinations affected by the Chest Physician (see table XXXVI). 10 of the vaccinations were in respect of adult staff at risk because of their work (nurses, pathology staff, occupation therapists, etc.).

(b) *School Children under Ministry of Health Scheme.* As in previous years, tuberculin testing and B.C.G. vaccination of school-children under the Ministry's scheme have been carried out by the School Medical Officers. 1,042 school-children were tuberculin tested, 926 (88.7%) were tuberculin negative. 920 were given B.C.G. Vaccination. Full details are set out in my school health Report for 1963.

Once again the strongly positive school-children (39) were x-rayed and examined by the Chest Physician. No new active cases were found although several of the children came from families already known to the Chest Clinic. The strongly positive cases are afterwards followed-up by the Mass Radiography Service.

(c) *Special Survey.* Once again the University of Exeter was visited during the registration period (October). 604 students attended for Heaf Testing but 44 were not tested as they were already known to be positive. Of the rest 373 were positive ; 93 did not attend for reading and 94 were negative. 48 students were given B.C.G. vaccination, 46 failed to attend for B.C.G. ; they were invited to attend again in January but failed to attend.

I appreciate the encouragement the University Authorities give the students to participate and also the help given to us in making the necessary arrangements. Unfortunately, this year one of the B.C.G. sessions at the University had to be cancelled at the last minute and the students were invited to attend the Chest Clinic on a Saturday morning for B.C.G. but only 14 attended.

Last year (1962) 408 students were Heaf tested, of whom 84 were negative ; 23 of these were vaccinated.

PATHOLOGICAL EXAMINATIONS.

913 pathological examinations of sputa etc. were made on request by the chest clinic during the year (see table XXIX) compared with 1,357 last year. We are very grateful to Dr. B. Moore and Dr. G. Stewart Smith for their continued help and assistance.

HOME HELPS.

The arrangements were unchanged—4 patients were assisted by the home help section.

EXTRA NOURISHMENT.

44 patients were helped with extra milk and 43 with Roboleine.

INFECTIVITY AND EMPLOYMENT OF TUBERCULOSIS PATIENTS KNOWN TO BE INFECTIOUS.

23 patients were known to have had during the year a positive sputum found either by direct smear or by culture ; this represents 5.3% of the respiratory cases on the books. One of these infectious cases was under 15 years of age ; none continued to work while infectious.

Of the 23 known infectious respiratory cases at the end of the year, 18 were negative after treatment, 2 were still positive and under treatment (either in hospital or as domiciliary patients), 2 had left the district and 1 had died.

The 23 cases were employed, when notified, as follows :—

Housewives 9 ; Students 2 ; Waiter 1 ; Company Director 1 ; Cleaners 3 ; Schoolchild 1 ; Salesman 1 ; Asphalter 1 ; Canteen Worker 1 ; Retired 3.

WAITING TIME FOR ADMISSION TO HOSPITAL.

At no time during the year was it necessary for any patient to wait for more than a few days before admission to hospital.

HOLIDAYS.

No patient was sent on recuperative holiday at the Council's expense during the year.

HOME VISITS.

The tuberculosis visitor made 1,463 home visits (see Table No. XXXIX) and the Chest Physician 83.

MASS MINIATURE RADIOGRAPHY

Report on work carried out in the City of Exeter during the year ended 31st December, 1963 (by courtesy of Dr. A. R. Templeton).

			<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Number examined	....	....	5,152	4,997	10,149

INCIDENCE OF DISEASE.

A. *Pulmonary tuberculosis.*

1. Newly discovered significant cases :					Per thous.
(a) Requiring treatment	....	....	....	3	.3
(b) Requiring observation		....	....	3	.3
2. No further action	....	....	....	57	

B. *Other conditions.*

Pneumonitis	....	....	....	....	9
Bronchiectasis	....	....	....	....	8
Bronchitis and emphysema	....	....	....	....	37
Sarcoidosis	....	....	....	....	4
Pneumoconiosis	....	....	....	....	1
Carcinoma bronchus	....	....	....	....	4
Other tumours :					
Thyroid enlargement	....	....	....	....	5
Cardiovascular disease :					
Acquired	....	....	....	....	34
Congenital	....	....	....	....	2
Diaphragmatic abnormality	....	....	....	....	5
Pleural Pericardial cyst	....	....	....	....	1

AGE AND SEX ANALYSIS OF NEWLY DISCOVERED SIGNIFICANT CASES OF PULMONARY TUBERCULOSIS (GROUP 1A).

		-15	15-24	25-34	35-44	45-59	60+
Male	—	—	—	—	1	—
Female	—	—	—	—	1	1

EXETER RESIDENTS—GROUP ANALYSIS

<i>Group</i>	<i>No. Examined</i>	<i>Tuberculosis Requiring Treatment</i>	<i>Incidence per 1,000 examinees</i>
Service Personnel	5	—	—
G.P. Referrals	893	1	1.1
Scholars	226	—	—
Tuberculin positive reactors	30	—	—
Industrial Surveys	2	—	—
Small firms & appointments	275	—	—
Large firms	1320	—	—
Students	1379	—	—
School staff	241	—	—
Prisons, Hostels and Homes for the aged	417	—	—
Public	4463	1	.2
Contacts of tuberculin positive reactors	5	1	200.
Ante natal patients	134	—	—
Mental hospital staff	20	—	—
General hospital staff	739	—	—
Total	10,149	3	.3

VENEREAL DISEASE

Dr. Dunkerley tells me there were in Exeter residents no new cases of syphilis and 12 new cases of gonorrhoea (8 males, 4 females) treated at his clinic in the Royal Devon and Exeter Hospital during 1963. It may be, of course, that some cases have been treated by general practitioners—though the number of such would almost certainly be small—or at other clinics.

Letters were addressed to 32 persons in regard to attendance as contacts of venereal disease ; 10 attended ; 12 did not attend ; 1 other refused ; 1 was attending another clinic, and 8 were not known at the address quoted.

The Ministry have introduced a new form of return, of cases attending V.D. Clinics : this no longer refers to cases on a geographic basis (stating the local health authority areas in which the home addresses of patients are situated) so that the return is no longer as useful to Medical Officers of Health as it was.

No special effort on health education.

VENEREAL DISEASE CLINIC—EXETER RESIDENTS. (1958 — 1963).

YEAR	New Cases of Syphilis	New Cases of Gonorrhoea
1958	2	3
1959	1	8
1960	2	10
1961	2	21
1962	5	15
1963	—	12

DOMESTIC HELP SERVICE

At the end of 1963 the staff consisted of 1 whole time organiser, and 2 part-time clerks, and 53 part-time home helps.

The domestic helps worked well through the severe wintry weather. Sickness among the staff occurred from the beginning of the year becoming very heavy in February. Thirteen were off sick at the end of February and into March.

The enrolment of staff has been a considerable problem during the year but happily several excellent domestic helps were engaged towards the end of the year.

Owing to shortage of staff in November and December, a number of the less urgent cases were temporarily without domestic help.

The calls for a home help from persons of over pension age have increased ; they accounted for practically all the extra hours worked, and all the extra families or persons helped in 1963 as compared with the work in 1962.

The van has proved a great asset to the section. It has enabled the staff to do more visits and especially so when a message has to be taken to a domestic help about an urgent case for the following morning, as most of them leave home before the post arrives.

Summary of work undertaken :

Category				Families helped.		Hours worked.		Average Case load per week	Average hours per case per week
				Full-time	Part-time	Full-time	Part-time		
MATERNITY.									
(a)	Confinement	....	....	6	20	424½	598¾	1¼	15
(b)	Ante-natal	....	....	—	24	—	779¾	2	8
ACUTE ILLNESS.									
(a)	Under pension age	....	....	—	31	—	636	2½	5
(b)	Over pension age	....	....	—	21	—	1,508½	8	3½
CHRONIC SICKNESS.									
(a)	Under pension age	....	....	—	60	—	10,474¼	33½	6
(b)	Over pension age	....	....	—	215	—	30,738	131¼	4½
OLD AGE AND INFIRMITY				—	160	—	19,676	91½	4
TUBERCULOSIS				—	4	—	557	2¼	4½
OTHERS, INCL'G MENTAL SUBNORMALS				—	12	—	680½	3½	3¾
				6	547	424½	65,648¾		
				553		66,073¼			
Total cases helped				....	....	....	....	579	
Additional hours paid for :									
	Travelling	....	....	....	....	....	....	8,655	} 17,907
	Sickness	....	....	....	....	....	....	4,100	
	Holidays	....	....	....	....	....	....	5,020	
	" Waiting "	....	....	....	....	....	....	—
	Overtime plusages	....	....	....	....	....	....	131	
	Miscellaneous	....	....	....	....	....	....	—
Average weekly case load				....	....	....	....	276	
Average hours worked per case per week :									
	All categories	....	....	....	....	....	....	4¾	
	Old age	....	....	....	....	....	....	4½	

STAFF.

Full-time Organiser	....	....	....	....	....	1
Part-time clerks	....	....	....	....	....	2
Part-time domestic helps	....	....	....	....	....	53
Number of home visits made by Organiser	....	....	....	....	....	583

MENTAL HEALTH SERVICES

THE NICHOLS CENTRE.

The adaptation of the premises in Polsloe Road as a Mental Health Centre referred to in my reports for 1960, 1961, and 1962, was completed in early summer. The Centre was formally opened on 22nd July, 1963, by Sir George Godber, K.C.B., Chief Medical Officer of the Ministry of Health, and has been named Nichols Centre after Alderman Mrs. M. Nichols, the Chairman of the Health Services Committee. The Centre has been described in the *Times* (19th August, 1963), the *Lancet* (3rd August, 1963), the *Municipal Journal* (14th February, 1964), *New Society* (14th May, 1964), and the *Hospital and Social Service Journal* (13th September, 1963). The building, purchased in 1961, now substantially modernised, is designed to secure as large a range of community mental health care as possible in one convenient central position ; it is, as it were, both the focus and the power house of mental health care provided by the Local Health Authority, set within easy reach of most of those who would benefit from such help. We believe it to be the only one so far of its kind in the country. We encourage open access to the Centre so that persons may come in without necessarily having to have been referred by some other agency. Of course the closest contact with family doctors in relation to their patients is maintained.

By having a direct telephone line from the Health Office to the Nichols Centre, it has been possible to mitigate the effect of separating the mental welfare officers from the rest of the department. Every effort is made to maintain the close contacts between the social workers in all sections of the Health Department, which is so essential to a successful and integrated service.

The following services are provided :—

- (a) central offices for the mental health service with its 6 mental health workers, interviewing and conference rooms ;
- (b) Adult training centres for 100 men and women (replacing the existing active but crowded centres) ;
- (c) a hostel for 19 convalescent mentally ill women ;
- (d) a hostel, in the adjoining former staff house, for 14 mentally sub-normal women ;
- (e) club facilities for all classes of mentally handicapped persons in the community.

Under the direction of the City Architect, Mr. H. B. Rowe, F.R.I.B.A., substantial alterations, reconstruction, and modernisation have been effected and contemporary design in decoration and furnishings introduced throughout.

The first step was to lower the 8 feet high boundary wall which both imprisoned and hid the main building from the adjoining street—symbolising thereby the opening up of fresh opportunity and fresh hope. The elevation has also been improved by

removing most of the chimneys and a large boiler stack ; several French casements have been provided to give easy access to the spacious and attractive gardens at the front and rear.

The large classrooms, a steam laundry, a cell block, and certain outbuildings and stores have been converted to provide workshops for the men and women in the training centres, who dine together in the refectory, which has been enlarged and entirely re-conditioned.

The central kitchen has been reconstructed and modern equipment installed, and minor cooking facilities are available at other points ; a modern oil-fired central heating system has been installed.

Reconstruction of the residential accommodation on the first floor has provided a hostel with 4 rooms for 3 or 4 beds each, and 6 single rooms for mentally ill women, and 2 small self-contained staff flats. The staff house has lent itself well to adaptation and some reconstruction as a hostel for mentally subnormal women. Both hostels have their own recreation and dining rooms.

The assembly hall has been modified and redecorated to make a very handsome block-floored club-room, with a coffee bar included.

Separate access has been quite deliberately provided for the hostels, the club-room, the main offices, and the training centres, to secure *functional* separation without impeding intercommunication.

In a display window on to the main road fronting the building the articles (with prices) made by those in the training centres are shown.

The total cost of the project amounted to approximately £75,000 made up thus :—

Purchase of the site, school and adjoining staff house	....	....	....	£15,889
Alterations and adaptations	....	....	....	£45,500
Furniture and equipment	....	....	....	£13,355

It is estimated that the cost of providing equivalent new premises would have been more than double this figure.

Encouragement has been given to many voluntary organisations connected with mental health and social work, to use the premises for meetings : open days and evenings have been arranged for groups of professional workers and voluntary bodies interested in the welfare of the mentally disturbed or handicapped.

Three points are worth emphasising :—

- (1) this centre has given a sense of cohesion to the whole of the Authority's mental health service ;

- (2) public interest in the centre is, we think, producing a favourable effect on public attitudes to mental disorder ;
- (3) the psychiatric hospital services and the local authority mental health services have more opportunities of co-operation through the medium of the centre and especially its club activities. It is hoped that the consulting and senior medical staff of the Exe Vale Hospital will be associated in a closer way with the centre.

What have been the practical implications and difficulties of the Nichols Centre? The adult training centres have been given fresh work opportunities, especially in the gardens and the domestic work of the centre. There is greater scope for rehabilitation and training in work, particularly for certain psychotic patients, both from hospital (on day release) and from the community. The integration of the men's and women's centres in work, at the midday meal, and in the social club has also contributed towards their social training.

Considerable difficulty has been experienced in the recruitment of residential hostel staff and the Matron was not appointed until November 1963, the hostels remaining unopened until the end of January 1964 when the two resident Assistant Matrons had also been appointed.

The continued expansion of outwork by the training centres has been particularly gratifying. Much of the credit for this is due to one of the mental welfare officers in obtaining work from local firms ; the gardener/instructor who took up his appointment in May 1963, has secured (in 1964) gardening work in private homes for the men at the centre. The developments have included packing hardware sundries, bird sand, grit and pre-packed potatoes, various electrical assembly jobs, and also in the gardens with bedding plants, making flower arrangements (everlasting flowers) and jobbing gardening. Early in 1964 equipment and the "know how" for making firelighters (with low smoke production) was bought from a local firm. Production will commence in the late summer. The trainees assisted in the installation of the equipment in the former gardener's store, and the Exeter and District Society for Mentally Handicapped Children has bought the materials and provided labour for the building of a small packing room as an extension. The construction of bays for car washing was begun in April 1964 and this service will commence in the summer.

Social Clubs.

In October three weekly social clubs for the mentally ill were started and in November the Friday evening club for mentally subnormal adults began. This last which is run with the assistance of the Parents' Association and Mr. Palfrey, Charge Nurse,

Royal Western Counties Hospital, is thoroughly enjoyed by many ex-Starcross patients who are working in the city. The Tuesday evening club is for psycho-neurotics mainly in the younger age brackets, and is linked with the Wonford unit of Exe Vale Hospital; on Thursday afternoon there is a social club for elderly patients, which is linked with Exminster Hospital, and on Thursday evenings there is a club for psychotics and other discharged ex-long-stay patients (mainly in the middle-age range). At a recent session of the last mentioned club, amongst the total attending there were 27 members who had been patients in psychiatric hospitals. Of these 6 had been in hospital up to 5 years, 8 from 5 to 10 years, 8 from 10 to 20 years and 5 over 20 years. About 150 people attend these clubs weekly and although it was hoped that the voluntary organisations would assist with this work, their response has been rather disappointing—one can understand this in view of the many demands these days on people's time—and most of the outside help comes from a few private individuals. Running the clubs has put a great deal of work on to the mental welfare officers and to relieve this, early in 1964, a part-time club organiser was appointed who attends on two evenings a week. The club for younger psycho-neurotics has proved very difficult to organise but with the help of the part-time organiser considerable enthusiasm has developed during 1964. Membership cards have been issued in 1964. Club activities vary and include dancing, film shows, bingo, cards, outings.

Valexe Products Ltd.

Complementary to the work of the training centres has been the formation in February 1963 of Valexe Products Ltd., a marketing company formed on a charitable basis with the help of a grant from the Nuffield Provincial Hospital Trust and with the co-operation of the City Council, Devon County Council, Exe Vale Hospital Group and the Royal Western Counties Hospital Group and interested local business men and industrialists.

Home Visiting.

The number of visits made to and on behalf of the mentally disordered showed a slight increase over 1962; it should be remembered that the running of the social clubs and securing outwork has involved much additional effort and time by the mental welfare officers.

The figures for the last 6 years are :—

<i>Visits to and for :—</i>			<i>Mentally ill</i>	<i>Mentally Subnormal</i>	<i>Total</i>
1958	....	....	2,166	1,181	3,347
1959	....	....	2,304	1,255	3,559
1960	....	....	2,442	1,280	3,722
1961	....	....	2,858	1,578	4,436
1962	....	....	3,657	1,879	5,536
1963	....	....	3,637	1,918	5,555

The mental welfare officers maintain contact with the patients in Exe Vale Hospital and the Royal Western Counties Hospital both after admission, during their stay as in-patients, and prior to discharge. Psychiatrists and family doctors are kept informed of visits made by the Mental Welfare Officers who also attend out-patient clinics and case conferences, and where necessary provide reports and social histories on psychiatric patients and their families.

Every effort is made to rehabilitate patients who have returned into the community. The social clubs are of particular value in this work and also enable contact to be maintained with the patients for whom lodgings and work have been obtained. Of 17 patients placed out by our mental welfare officers, from the Exminster section into Exeter during the year (1963) 11 are working and 6 attend and work in the hospital daily from their lodgings (May 1964). Details of their age and hospital stay are as follows :—

Ages	Duration of Hospital Stay			Total
	2 to 5 years	5 to 10 years	over 10 years	
30—40	3	1	1	5
40—50	4	1	—	5
50—65	3	1	3	7

Similarly the mental welfare officers were concerned with the placement in Exeter of 17 mentally subnormal patients discharged from Royal Western Counties Hospital during the year. 4 men and 10 women are working, 1 man attends the training centre, 1 woman left the area and the other remains at home at her parents' wish.

Ages	Duration of Hospital Stay			Total
	2 to 5 years	5 to 10 years	over 10 years	
16—20	3	—	—	3
20—30	3	—	2	5
30—40	—	1	3	4
40—50	—	—	5	5

MENTAL ILLNESS—*Hospital Admissions, Discharges and Deaths.*

As explained in previous reports the figures given for admissions, discharges and deaths refer only to Exe Vale Hospital (Exminster, Digby and Wonford) since psychiatric hospitals are no longer required to give such information to Local Health Authorities. Exe Vale Hospital continues to do so and it is believed that only a very small percentage of Exeter patients receive psychiatric treatment for mental illness in hospitals other than Exe Vale Hospital.

During the year 293 city residents (89 men and 204 women) were admitted to Exe Vale Hospital for psychiatric treatment; the figures for 1962 were 113 men and 161 women. 27 patients were admitted more than once during the year and 91 had previously had psychiatric hospital in-patient treatment. Of the 202 admitted who had not previously been in a psychiatric hospital 64 (18 men and 46 women) were over 65 years of age at the time of admission.

There were 348 "discharges" (including 96 transfers from one category of patient to another within the hospital, e.g. 'formal' to 'informal') and 50 deaths. There were 358 Exeter residents remaining in the hospital at the end of the year, i.e. 18 more than at the end of 1962.

In addition to all these, the mental welfare officers admitted 84 patients (34 men and 50 women) who were only temporarily resident in Exeter.

Mental Illness—Rehabilitation.

The use of training centres for the rehabilitation of psychiatric patients has been mentioned. Some attend daily from the psychiatric hospital, others attend from their own homes. The increased variety of outwork both in the centres and in the gardens has been valuable in rehabilitation and training.

The mental welfare officers have open access to the units of Exe Vale Hospital (Exminster, Digby and Wonford), and with the Ministry of Labour and National Assistance Board officers and hospital staff, discuss the rehabilitation of individual cases. The mental welfare officers also take part in Child Care Conference Meetings and in discussions concerning elderly patients.

MENTAL SUBNORMALITY—*Ascertainment and Supervision.*

During the year 11 children (6 boys and 5 girls) were formally referred by the Local Education Committee as being unsuitable for education; 9 were already attending the Junior Training Centre; 1 boy was at a private residential school under arrangements made by his parents; 1 girl remains at home at the parents' wish. 11 school leavers were referred for care and guidance, of whom 4 attend the adult training centre and 7 are working. Of 5 adults referred by family doctors 3 are working, 1 was admitted

to the Royal Western Counties Hospital, and the other attends the adult centre. The 5 adults referred by other Local Health Authorities have been found jobs in Exeter on moving into the city. 5 men and 12 women were referred by the Royal Western Counties Hospital for support on discharge from hospital.

At the end of the year, 174 (71 male, 103 female) Exeter mentally subnormal persons were known to be living in the community and they were all being visited by the mental welfare officers. They included 40 children under 16 years of age (31 of whom were attending the junior training centre), 3 were at home, 1 in hospital, 2 at private schools, and 4 were working. Of the remaining 134 persons, 44 were attending the adult training centres, 14 were at home with their relatives and 76 were working.

Hospital Care.

- (a) During the year 5 boys, 5 men, 2 girls and 7 women were admitted to hospital informally ; 5 men were admitted to hospital on Court Orders ; there were also 6 temporary admissions to hospital, mostly for holiday periods.
- (b) There were 4 deaths, all of hospital patients.
- (c) At the end of 1963 there were 129 under hospital care.
- (d) The total of known Exeter mentally subnormal persons (having hospital and community care) was 303 or 3.8 per 1,000 population, the same proportion as in 1962.
- (e) Regular weekly visits were made to the hospital at Starcross for case conferences to arrange discharges and employment and a considerable amount of work has been done in arranging holidays for discharged patients.

Ellen Tinkham House Junior Training Centre, Hollow Lane.

At the end of the year 38 children were attending including 7 from the Devon County area ; this is 4 less than at the end of the previous year. 2 boys and one girl were transferred to the adult centres ; 2 boys and 2 girls were admitted to the Royal Western Counties Hospital ; 1 boy was transferred to a residential school for physically handicapped children and 1 girl left the area. There were 3 new admissions (all boys) during the year. We have been surprised at the small number of pre-school age children admitted but so far as we know, none who should be in the centre was not attending.

Reference was made in the Report for 1962 to the necessity for extensions and modernisation of the premises. The plans have now received the approval of the Council and the Ministry of Health and work is expected to begin in 1964.

The children continued with their visits into the city, both for shopping and regular weekly attendance at the swimming baths. The latter has proved surprisingly beneficial, especially

in the development of confidence amongst some of the more nervous children.

Placement of Trainees out to Work.

Two men and three women were placed out to work from the training centres during 1963. Of these, one man and two women remain in work. One man was employed for a few months jobbing gardening but was unsuccessful mainly because of the home environment (he lived with his father, a widower, who was unable to supervise his time-keeping) and the woman's health broke down and she had to be admitted to Exe Vale Hospital where she is still a patient.

Adult Training Centres for Women and Girls.

There were 31 attending at the end of the year, an increase of 4 during 1963. Weekly classes in physical education and dancing began during the year under a qualified teacher, and part of this class (dancing) is taken jointly by the men and women. The trainees were also able to attend their new social club on Friday evenings.

Adult Centre for Men and Youths.

There were 29 attending at the end of the year—an increase of 9 during 1963.

Report by Mrs. Bartlett, Teacher of Classes in Reading and Writing for Adult Mentally Subnormals.

“ This term the more advanced men and women have formed a separate class. By this arrangement it has been possible to give more individual attention to the beginners, and to those whose physical handicaps cause them to require special assistance.

“ As an experiment I have introduced a system of self help by means of new work books. These give much pleasure and interest, but with students of very limited possibilities, who cannot relate progressive steps in teaching, without help, the books do not entirely succeed in their claim to teach reading by the pupil's unaided efforts. For some who find it difficult to form letters legibly, I have obtained some copy books and these are proving helpful.

“ I should like to enable all my students to write a simple letter without help—a somewhat ambitious aim—so they have copied, each lesson, a few useful phrases, and have repeatedly written signatures. They have not yet sufficient confidence to put these together in letter form.

“ Recently they have practised different forms of Christmas greetings, to use on Christmas cards they painted, with my help, in spare moments during the last week.”

*National Society for Mentally Handicapped Children
(Exeter Branch).*

Once again I must say how grateful we are to the Exeter branch of the National Society for Mentally Handicapped Children for their kindnesses and generosity. Their members help in many ways including assisting at the swimming classes and in running the weekly social club on Friday evenings for the "over sixteens." During the year they gave a see-saw to the junior training centre and a talkie projector to the Nichols Centre for the use of all groups.

Staff Education.

One of the mental welfare officers commenced a 3 year part-time course in social work at the University of Exeter.

Two teachers of the Junior Centre again attended the very useful One Year Evening Course run by the Institute of Education of Exeter University for teachers of backward and educationally sub-normal children.

TABLES.

Table XIX.
CHILD WELFARE CLINICS.
CHILDREN ON REGISTER (1959 to 1963)

CENTRE	Born 1963	Born 1962	Born 1961-58	Total 1963	Total 1962	Total 1961	Total 1960	Total 1959
Bull Meadow	229	216	220	665	649	618	602	618
Shakespeare Road	149	147	296	592	504	580	535	578
Countess Wear	50	53	86	189	214	201	223	218
Whipton	295	268	412	975	964	882	770	706
Buddle Lane	188	178	300	666	689	599	530	532
TOTALS	911	862	1,314	3,087	3,020	2,880	2,660	2,652

Table XX.
CHILD WELFARE CLINICS
ATTENDANCES OF CHILDREN AT CHILD WELFARE CLINICS
(1963)

CENTRE	Attendances (according to age of child at time of attendance)					Total (1963)	Total (1962)
	Under 1 year	1 to 2	2 to 3	3 to 4	4 to 5		
Bull Meadow— (Central)	1,172	411	213	110	44	1,950	2,337
Bull Meadow— (Northern)	1,677	584	224	133	65	2,683	2,344
Shakespeare Road	1,264	480	250	205	137	2,336	2,279
Countess Wear	702	242	146	118	55	1,263	1,467
Whipton	3,173	1,108	441	322	175	5,219	5,786
Buddle Lane	2,525	1,130	429	262	239	4,585	5,118
TOTALS	10,513	3,955	1,703	1,150	715	18,036	19,331
TODDLERS CLINICS							
Shakespeare Road	9	26	31	23	29	118	100
Whipton	1	49	60	38	33	181	124
CONSULTATION CLINIC							
Shakespeare Road	490	180	159	115	64	1,008	980
Total Attendances	11,013	4,210	1,953	1,326	841	19,343	20,535

Table XXI.

PROVISION FOR THE UNMARRIED MOTHER AND HER CHILD

(Work carried out by the Social Worker).

Owing to the sudden death of Miss Kevan in October and the subsequent staff difficulties, it has not been possible to get a comprehensive account of the work undertaken on behalf of unmarried mothers and illegitimate infants; the statement given here is an understatement.

Carried forward from December 1962	....	....	15
New Cases 1963	....	....	105
			<hr/> 120 <hr/>

Bookings for confinement were made as follows :—

Hospitals in Exeter	....	....	....	79
Hospitals outside Exeter	....	....	....	3
Mother and Baby Homes in Exeter	....	....	....	9
Mother and Baby Homes outside Exeter	....	....	....	3
Confinements at home	....	....	....	4

Disposition of babies born :—

Mother kept baby	....	....	....	....	50
With co-habiting parents	....	....	....	....	3
In a foster home	....	....	....	....	1
In a nursery	....	....	....	....	5
Placed with adopting parents	....	....	....	....	16
Still-births	....	....	....	....	4
Died	....	....	....	....	3
Miscarriage	....	....	....	....	1
Abortion	....	....	....	....	1
Marriages to putative father	....	....	....	....	13

OTHER WORK CARRIED OUT

Accommodation found for mothers	....	....	....	1
Girls—in moral danger	....	....	....	1
After care	....	....	....	2

Table XXII.

MIDWIFERY REPORT

For Year Ending 31st December, 1963.

No. of cases attended as midwives	....	....	....	391
*(plus 5 in Devon County)				
No. of visits paid as midwives	....	....	....	8,699
No. of health visits paid by midwives to above cases	....	....	....	1,202
No. of cases booked during the year	....	....	....	469
No. of cases seen at the ante-natal clinics	....	....	....	500
Number of attendances at the ante-natal clinics	....	....	....	1,900
Number of ante-natal visits to patients' homes	....	....	....	3,550
No. of medical aid forms sent	....	....	....	—
Midwifery cases transferred to hospital	....	....	....	78
No. of casual visits paid by midwives	....	....	....	2,981

Bookings :

Number of cases brought forward on 1st January, 1963 (mothers undelivered)	....	....	....	148
Number of cases booked during the year	....	....	....	469
Number of emergency unbooked deliveries	....	....	....	11
				628

Number of cases booked and subsequently found not pregnant	....	....	....	—
Number of cases delivered during the year	....	....	....	391
Number of cases of miscarriage of booked patients	....	....	....	2
Number of booked cases who left Exeter before delivery	....	....	....	7
Number of booked cases admitted to hospital undelivered	....	....	....	58
Number of cases originally booked for home delivery and subsequently booked for delivery in hospital or maternity home	....	....	....	42
Number of cases remaining on the books on 31st December, 1963 (mothers undelivered)	....	....	....	128
				628

Total visits to midwifery patients (excluding hospital discharges and cases for feeding supervision)	16,823
---	------	--------

Analysis of Deliveries :

No. of patients delivered by midwives	....	....	383
Number of forceps deliveries	....	....	7
Number of patients delivered by Doctors (other than forceps cases)	....	....	1
Total	....	....	391

*These five cases were taken to enable the pupil midwives to have adequate experience.

Table XXIII.
HOME NURSING DURING 1963.

New Cases Under 5	New Cases Over 65	TYPE OF CASE	On Books	SENT BY				AGE GROUP				SEX		Total Visits	Deaths	Trans. to Hosp.	RESULT			Total Left On Books
				G.P's	Hosp.	P.H. Dept.	Others	Total	0-1	1-5	5-15	15-65	65 and over				M.	F.	Conval- escence		Removed for other causes
—	107	Post-stroke	45	113	4	1	9	172	—	—	—	28	144	65	107	42	39	32	10	49
—	42	Carcinoma	22	110	13	1	7	153	—	—	2	58	93	55	98	61	36	5	30	21
—	34	Diabetes	40	21	15	1	9	86	—	—	1	21	64	20	66	2	12	—	31	41
1	188	Heart Cases	57	185	11	6	30	289	1	—	—	55	233	134	155	65	63	61	28	72
—	26	Arthritis	30	16	13	2	8	69	—	—	—	20	49	12	57	3	13	2	15	36
—	50	Anaemia	52	48	5	1	15	121	—	—	1	30	90	24	97	6	13	3	31	68
—	2	Multiple Sclerosis	9	7	1	1	1	19	—	—	—	15	4	4	15	4	3	—	5	7
2	107	Other Chronic diseases	105	75	17	5	48	250	1	2	4	56	187	96	154	23	48	9	78	92
—	40	Ulcers of Legs	41	39	3	2	4	89	—	—	—	17	72	21	68	—	11	25	26	27
—	28	Simple Senility	15	19	—	4	5	43	—	—	—	—	43	16	27	11	5	—	12	15
—	2	Tuberculosis :	9	6	1	3	—	19	—	—	—	13	6	5	14	2	5	2	6	4
—	8	Influenza	—	15	—	1	2	18	—	—	—	10	8	3	15	—	2	15	1	—
—	—	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
—	—	Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1	—	Other Infectious	—	1	—	—	—	1	—	—	—	—	—	1	—	—	—	1	—	—
1	30	diseases	4	49	1	—	—	54	—	1	—	20	33	19	35	8	8	30	8	—
23	90	Pneumonia	6	157	—	1	3	167	11	12	2	47	95	82	85	9	27	104	18	9
—	—	Other acute chest condi- tions	—	18	—	—	1	19	—	—	3	16	—	7	12	—	1	15	2	1
35	102	Tonsillitis	5	255	14	10	22	306	21	15	23	142	105	101	205	4	40	185	68	9
10	1	Other acute infections	5	12	—	—	2	19	6	4	2	5	2	8	11	—	3	13	—	3
73	857	Carried Forward	445	1,146	98	39	166	1,894	40	35	38	553	1,228	673	1,221	240	329	502	369	454

Continued on next page.

Table XXIV.

HOME NURSING DURING 1963—Continued.

New Cases Under 5	New Cases Over 65	TYPE OF CASE	On Books	SENT BY				AGE GROUP					SEX		Total Visits	Deaths	RESULT				Total Left On Books
				G.P's	Hosp.	P.H. Dept.	Others	Total	0-1	1-5	5-15	15-65	65 and over	M.			F.	Trans. to Hosp.	Conval- escence	Removed for other causes	
73	857	Brought Forward	445	1,146	98	39	166	1,894	40	35	38	553	1,228	673	1,221	79,810	240	329	502	369	454
		<i>Maternity :</i>																			
—	—	Infect. midwifery	—	3	15	—	3	21	—	—	—	21	—	—	21	223	—	—	18	3	—
—	—	Breast abscess	—	9	—	—	1	10	—	—	—	10	—	—	10	128	—	1	9	—	—
—	—	Flushed breast	—	6	—	—	2	8	—	—	—	8	—	—	8	68	—	—	7	1	—
—	—	Miscarriages	1	37	—	—	4	42	—	—	—	42	—	—	42	408	—	9	33	—	—
—	102	Changing of Pessaries	4	15	—	—	110	129	—	—	—	23	106	—	129	258	—	—	—	127	2
7	53	<i>Accidents :</i>	18	66	9	6	6	105	2	6	3	30	64	28	77	3,228	6	18	54	11	16
		<i>Others :</i>																			
2	48	Post Operation Cases	21	55	114	1	6	197	—	2	6	124	65	92	105	5,461	7	11	146	5	28
—	41	Pre X-ray Treatments	—	5	95	—	—	100	—	—	—	59	41	37	63	101	—	—	—	100	—
4	89	Enemata	1	131	—	—	1	133	—	4	5	34	90	55	78	383	—	13	115	5	—
—	23	Mental Confusion	6	14	1	3	7	31	—	—	—	2	29	7	24	1,331	3	11	—	7	10
86	1,213	TOTALS	496	1,487	332	49	306	2,670	42	47	52	906	1,623	892	1,778	91,399	256	392	884	628	510

New Cases 2,174
Total Cases 2,670
Casual Visits 5,809

Table XXV.
HEALTH VISITORS—
DOMICILIARY VISITS, 1963

				1963		1962	
				<i>Effective Visits</i>	<i>Ineffectuals</i>	<i>Effective Visits</i>	<i>Ineffectuals</i>
HOME VISITS BY HEALTH VISITORS.							
Ante-Natal Visits				1,043	163	803	66
Babies under 1 year	....	....		6,530	1,279	6,532	842
1—2 years	....	....		2,927	418	3,094	426
2—5 years	....	....		5,656	833	5,729	638
<i>Totals</i>	0—5 years	....	....	15,113	2,530	15,355	1,906
<i>Other Home Visits</i>							
Old people	....	....	....	688	53	490	—
Problem Families	....	....		352	—	270	—
Infectious Disease	....	....		1,194	105	509	—
Housing Reports	....	....		189	—	198	—
After care	....	....	....	366	16	407	—
Still Births	....	....	....	10	—	25	—
Infant Deaths	....	....		18	—	21	—
Diabetic After Care	....	....		64	—	85	—
School Health Home Visits	....			360	—	464	—
				3,241	174	2,469	285
<i>Grand Totals</i>							
	0—5 years	....	....	15,113	2,530	15,355	1,906
	<i>Other visits</i>	....	....	4,284	337	2,469	285

Complete Total Visits in the year (all reasons)—22,264.

Twelve Health Visitors average 1,855 visits each.

Table XXVI.
IMMUNISATION AND VACCINATION DURING 1963.

SMALLPOX VACCINATION.

Primary Vaccinations	263	{	By general practitioners	185
			At clinics	78
Re-vaccinations	147	{	By general practitioners	59
			At clinics	88

AGE GROUPS OF PERSONS VACCINATED (SMALLPOX) DURING 1963.

	Under 1	1 +	2 to 4	5 to 14	15 and over	Totals
Primary	61	139	26	13	24	263
Re-vaccinations	—	2	9	22	114	147

DIPHTHERIA IMMUNISATION IN 1963.

				Under 1 yr.	
Primary Courses of immunisation	1,074	{	By general practitioners	789	673
			At clinics	285	226
(These included 43 combined diphtheria—tetanus immunisation courses and 1,031 triple antigen courses—see below).					
Re-inforcement injections	2,196				
	At about :—	18 mths.	5-9 yrs.	10 yrs.	Total
By private practitioners		479	313	103	895
At clinic and schools		281	394	626	1,301
		<hr/>	<hr/>	<hr/>	<hr/>
		760	707	729	2,196

PRIMARY IMMUNISATION AGAINST DIPHTHERIA, TETANUS, PERTUSSIS (TRIPLE ANTIGEN) BY AGE DURING 1963.

Number of children who completed a course (3 doses) of triple antigen in 1963, grouped by age at which the course was completed.

	Under 5 months	Over 5 months and under 6 months	Over 6 months and under 9 months	Over 9 months and under 1 year	Over 1 year	Total
G.P.s	365	162	154	41	53	775
Clinics	104	44	54	19	35	256
Total	469	206	208	60	88	1,031

WHOOPING COUGH IMMUNISATION.

					Under 1 yr.	Total
Completed courses of Whooping Cough Immunisation	}	By private practitioners	—	—	—	—
		At clinics	—	—	—	—
Completed courses of combined Whooping cough — Diphtheria Immunisation	}	By private practitioners	—	—	—	—
		At clinics	—	—	—	—
Completed courses of Triple Antigen		1,031			722	775
					221	256

TETANUS IMMUNISATION.

Number of primary courses completed in 1963 using triple antigen	1,031
Number of primary courses completed in 1963 against tetanus alone (360 by G.P.'s ; 1,364 at clinics).	1,724
Number who completed immunisation in 1963 as a result of follow up by department after hospital administration of anti-tetanic serum (by family doctors or department) included in line 2 above.	51
Such follow up letters sent in 1963 numbered	145

		G.P.s	Clinic	Total
Course completed in 1963	....	16	35	51
(Completed in 1964 from cards received to date May 64).	....	2	3	5

Table XXVII.
AMBULANCE SERVICE.
Classified Summary of Work from 1/1/63 to 31/12/63.

Code No.	CLASSIFICATION	AMBULANCES		D.P. AMBULANCES	
		Patients	Miles	Patients	Miles
1	Aecidents	642	1,896	178	633
2	Acute illness and other emergencies	812	5,006	414	1,890
3	Removals to and from Hospital	3,946	23,357	4,837	20,057
4	Administrative and Abortive journeys	334	1,117	457	1,037
5	Infectious Cases—Exeter	463	3,226	9	82
6	„ „ —Devon	147	3,238	8	72
7	Other removals for Devon C.C.	1,419	22,656	620	7,927
8	Removals for other Local Authorities	105	2,620	192	2,642
9	Children to and from School	543	1,536	2,279	6,200
10	Patients to & from Nichols Centre	1,812	3,042	1,632	2,030
	TOTALS 1963	10,223	67,694	10,626	42,570
	COMPARABLE TOTALS 1962	12,356	70,122	9,101	43,154

Items 6 and 7—Chargeable to Devon County Council.
8—Chargeable to Other Local Authorities.
9—Chargeable to Exeter Education Committee.
10—Chargeable to Health Services Committee.

Table XXVIII.
AMBULANCE SERVICE
Monthly Summary of Section 27 Work from 1/1/63 to 31/12/63.

1963 Month	AMBULANCES		D.P. AMBULANCES		TRAINS		AIR	
	Patients	Miles	Patients	Miles	Patients	Miles	Patients	Miles
January	647	4,145	708	3,273	24	2,561	—	—
February	574	5,745	471	2,584	13	1,557	—	—
March	705	4,973	467	2,602	19	2,432	—	—
April	632	5,335	529	2,886	14	1,629	—	—
May	638	5,918	528	2,830	21	2,511	—	—
June	553	3,580	485	3,316	19	2,794	—	—
July	666	5,321	616	3,117	23	3,263	—	—
August	553	5,385	606	3,018	33	5,987	—	—
September	627	5,435	485	2,488	21	3,413	—	—
October	551	5,590	566	2,838	18	2,588	—	—
November	671	4,880	388	2,094	16	1,813	—	—
December	717	5,692	409	2,257	17	2,254	—	—
TOTAL 1963	7,534	61,999	6,258	33,303	238	32,802	—	—
TOTAL 1962	7,583	62,388	6,488	36,311	202	27,786	—	—

The above Summary does not include :—

1. Administrative and abortive journeys.
2. Conveyance of physically handicapped school children to and from school.
3. Conveyance of patients to and from Nichols Centre.

Table XXIX.

TUBERCULOSIS STATISTICS FOR THE CITY.

1	Total cases on Register, 1st January, 1963 :	Respiratory Non-Respiratory	<i>Totals</i>	
			435 80	515
2	Total new notifications received after deduction of duplicates :	Respiratory Non-Respiratory	26 7	33
3	Inward Transfers :	Respiratory Non-Respiratory	24 —	24
4	Deaths during the year from Tuberculosis :	Respiratory Non-Respiratory	7 1	8
5	Deaths during the year of Tuberculous patients from other causes :	Respiratory Non-Respiratory	8 5	13
6	Outward Transfers :	Respiratory Non-Respiratory	27 2	29
7	Number of cases removed from Register as " Recovered " or " Mistaken Diagnosis " :	Respiratory Non-Respiratory	68 13	81
8	Taken off the Register under the ' Public Health (Tuberculosis) Regulations, 1930 ' :	Respiratory Non-Respiratory	1 —	1
9	Total cases on Register, 31st December, 1962 :	Respiratory Non-Respiratory	374 66	440

Table XXX.

MASS MINIATURE RADIOGRAPHY SURVEYS.

Year	Examined	Referred
1955	13,759	101
1956	15,424	93
1957	12,902	69
1958	10,586	73
1959	59,044*	421†
1960	5,240	14
1961	7,136	19
1962	11,250	10
1963	10,149	6

*Includes 52,131 persons X-rayed during the Campaign.

†Includes 357 persons referred during the Campaign.

Table XXXI.

**CASES EXAMINED AT CHEST CLINIC DURING 1963
REFERRED BY THE MASS RADIOGRAPHY UNIT.**

	AGE IN YEARS							Total
	Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
Male	—	—	—	—	—	1	—	1
Female	—	—	—	—	—	—	1	1
TOTALS	—	—	—	—	—	1	1	2

Details of cases referred by M.M.R. Unit:—

	AGE IN YEARS							Total
	Under 15	15-24	25-34	35-44	45-49	50-59	Over 60	
(1) Already known to Chest Clinic as cases of Tuberculosis. M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—
(2) Already known to Chest Clinic as Observation cases or Contacts. M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—
(3) Failed to keep appointments at Chest Clinic. M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—
(4) Transferred to other Clinics for investigation. M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—
(5) Taken off Books — Healed Pulmonary T.B. (Inactive Disease) M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—
(6) Taken off Books — Chest conditions other than T.B. M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—
(7) Newly diagnosed as suffering from active Pulmonary T.B.								
Male-Sputum Positive	—	—	—	—	—	1	—	1
Female-Sputum Positive	—	—	—	—	—	—	1	1
Male-Sputum Negative	—	—	—	—	—	—	—	—
Female-Sputum Negative	—	—	—	—	—	—	—	—
(8) Remaining under Observation at 1-1.64. M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—
Private Cases (<i>see below</i>)	—	—	—	—	—	—	—	—
TOTALS	—	—	—	—	—	1	1	2
(9) Disposal of New Cases diagnosed (<i>see</i> (7) above).								
(a) Sanatorium treatment. M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	1	1
(b) Clinic Supervision. M.	—	—	—	—	—	1	—	1
F.	—	—	—	—	—	—	—	—
(10) Private Cases M.	—	—	—	—	—	—	—	—
F.	—	—	—	—	—	—	—	—

Table XXXII

CASES ON THE TUBERCULOSIS REGISTER (31ST DECEMBER, 1963).

AGE GROUP.	RESPIRA-TORY	NON-RESPIRATORY						
		Neck glands	Genito-urinary	Spine	Other bones and Joints	Ab-dominal	Meninges	Breast
MALE								
0-4	1	—	—	—	—	—	—	—
5-14	6	1	—	—	—	—	1	—
15-24	19	—	—	—	1	—	—	—
25-34	40	1	2	1	2	1	—	—
35-44	48	—	2	—	—	1	—	—
45-64	68	—	3	—	1	1	—	—
65 & Over	22	—	1	—	1	2	—	—
Total Male	204	2	8	1	5	5	1	—
FEMALE								
0-4	3	—	—	—	—	—	—	—
5-14	15	1	—	—	1	—	—	—
15-24	16	—	—	1	1	—	—	—
25-34	47	1	6	—	—	—	—	—
35-44	37	4	3	1	3	—	—	1
45-65	37	4	3	1	3	3	1	1
65 & Over	15	3	—	—	1	1	—	—
Total Female	170	13	12	3	9	4	1	2

GRAND TOTAL, MALE AND FEMALE = 440.

Table XXXIII.

TABLE SHOWING THE MORTALITY IN EXETER FROM TUBERCULOSIS DURING THE PAST 6 YEARS.

Year	DEATHS.			DEATH RATE.			DEATHS OF CHILDREN UNDER 5.
	Respir-atory	Non-Respir-atory	Total	PER 1,000 POPULATION			
				Respir-atory	Non-Respir-atory	Total	
1958	7	2	9	0.08	0.04	0.12	—
1959	8	1	9	0.10	0.01	0.12	—
1960	7	—	7	0.09	—	0.09	—
1961	11	2	13	0.14	0.03	0.16	—
1962	7	1	8	0.09	0.01	0.10	—
1963	7	1	8	0.09	0.01	0.10	—

Table XXXIV.

NOTIFICATIONS OF NEW CASES OF TUBERCULOSIS DURING 1963
ARRANGED ACCORDING TO AGE.

AGE AT NOTIFICATION	Respiratory		Non-Respiratory	
	Male.	Female.	Male	Female
0—	—	1	—	—
1—	—	—	—	—
2—	—	—	—	—
5—	—	2	—	—
10—	—	—	—	—
15—	—	—	—	—
20—	1	1	—	—
25—	3	2	2	2
35—	1	2	*1	—
45—	1	2	—	—
55—	6	2	1	—
65—	1	1	—	—
75 and over	—	1	—	—
Totals	13	14	*4	2

*Includes 1 posthumous notification.

*33

Table XXXV.

DEATHS FROM TUBERCULOSIS DURING 1963,
ARRANGED ACCORDING TO AGE.

AGE AT DEATH.	Respiratory		Non-Respiratory	
	Male.	Female.	Male.	Female.
0—	—	—	—	—
1—	—	—	—	—
2—	—	—	—	—
5—	—	—	—	—
10—	—	—	—	—
15—	—	—	—	—
20—	—	—	—	—
25—	—	—	—	—
35—	—	—	†1	—
45—	—	—	—	—
55—	2	—	—	—
65—	1	2	—	—
75 and over	1	1	—	—
Totals	4	3	1	—

†Posthumous notification.

8

Table XXXVI.

**SUMMARY OF WORK CARRIED OUT AT EXETER CHEST CLINIC,
1958-1963.**

	1958	1959	1960	1961	1962	1963
1. Number of new cases diagnosed as suffering from active Tuberculosis	68	82	46	39	38	33
2. Number of patients examined for the first time during the year	980	1,324	705	914	836	655
3. Number of patients re-examined during the year	1,924	1,738	1,561	1,676	1,273	1,336
4. Number of contacts examined for the first time during the year	154 } 279 125 }	125 } 214 89 }	160 } 246 86 }	90 } 153 63 }	116 } 239 123 }	115 } 162 47 }
5. Number of contacts re-examined during the year:	175 } 323 148 }	200 } 270 70 }	203 } 22 23 }	192 } 288 96 }	195 } 243 48 }	213 } 247 34 }
6. Number of Inward Transfers during the year	76	54	40	36	21	21
7. Number of B.C.G. Vaccinations carried out during the year:						
Clinic Cases	136	177	143	278	182	116
13-year old schoolchildren under Ministry Scheme	—	—	—	—	—	—
8. Number of X-ray films taken during the year:	2,245 477	2,313 245	1,980 148	1,913 173	1,826 235	1,830 139
9. Number of Screenings made during the year	373	146	12	5	3	1
10. Number of Refills given during the year	326	70	—	—	—	—
11. Number of Pathological Examinations made during the year	1,060	1,971	1,127	1,376	1,357	913

Table XXXVII.

TUBERCULIN TESTING AND B.C.G. VACCINATION AT THE CHEST CLINIC.

AGE GROUPS, ETC.	Contacts of known cases of Tuberculosis	Sent by School Medical Officers	Sent by Family Doctors	Chest Clinic Cases	Seen as a result of Special Surveys	Other Groups	RESULTS		Given B.C.G. Vaccination	Post B.C.G. Tests
							Positive	Negative		
0—1	51	—	1	—	—	—	1	11	46	19
1—2	15	—	1	—	—	—	—	16	11	4
2—3	11	1	3	4	—	—	1	17	9	4
3—4	10	1	4	1	—	1	1	16	8	4
4—5	6	—	5	4	—	—	—	15	1	—
5—6	8	1	5	8	—	—	1	21	9	—
6—7	8	—	1	3	—	—	1	11	5	—
7—8	4	1	5	2	—	—	—	12	3	—
8—9	10	—	—	2	—	—	—	12	2	—
9—10	4	—	2	—	—	—	—	6	3	1
10—11	5	—	—	1	—	—	—	6	2	—
11—12	3	1	2	2	—	—	1	7	2	—
12—13	6	—	3	—	—	—	2	7	3	1
13—14	2	—	2	—	—	—	3	1	—	—
14—15	1	1	—	—	—	—	1	1	—	—
Senior School Children	—	5	—	—	—	—	2	3	3	—
Nurses and Hospital Staff	1	—	—	30	—	—	18	13	10	—
Occupational Therapists	—	—	1	4	—	—	4	1	1	—
University Students	—	—	—	1	*560	—	373	94	48	—
Others	3	—	9	7	—	—	15	4	—	—
TOTALS	148	11	44	69	560	1	424	274	166	33

Table XXXVIII.

PATHOLOGICAL EXAMINATIONS.

The following Examinations were carried out for the Chest Clinic during the year.

NATURE OF SPECIMEN OR EXAMINATION	RESULTS			
	Tubercle Bacilli discovered	Tubercle Bacilli not found	Others	Totals
SPUTUM : Direct Smear	4	256	—	260
Culture	18	275	—	293
Preparation for Malignant Cells	—	—	—	—
Specimens obtained by Direct Culture	—	33	—	33
Bronchial Lavage :	—	44	—	44
Tests for Pregnancy	—	—	—	—
URINE : Direct smear	—	13	—	13
Culture	—	15	—	15
Throat and Nose Swabs	—	—	26	26
Blood Urea	—	—	38	38
Sedimentation Rates (Wintrobe Technique)	—	—	91	91
Haemoglobin Estimations	—	—	100	100
GRAND TOTAL				913

Table XXXIX.

HOME VISITS.

During the year 1,463 Home Visits were made by the Tuberculosis Health Visitor (Miss A. Dawson), made up as follows :—

(a)	Primary visits to New Patients	....	....	29
(b)	Primary visits to New Contacts	....	....	151
(c)	Repeat visits to Patients	....	....	159
(d)	After-care visits	....	....	160
(e)	Visits for carrying out Tuberculin Tests at home	....	....	362
(f)	Other visits	....	....	444
(g)	Ineffective visits	....	....	158
Total Home visits				1,463

The Chest Physician (Dr. R. P. Boyd) made 83 Home Visits for the examination of patients, almost without exception to patients who were too ill to attend the Chest Clinic.

Table XL.

MENTAL HEALTH SERVICES.

MENTAL ILLNESS.

AGE DISTRIBUTION OF REALLY NEW ADMISSIONS TO PSYCHIATRIC HOSPITALS
IN 1963.

		(Male 64 ; female 138)					Total
Exeter residents.		S.5	S.25	S.26	S.29	S.60	
0—14 years.	Male	—	—	—	—	—	—
	Female	1	—	—	—	—	1
15—44 years.	Male	20	—	—	5	—	25
	Female	54	4	—	4	—	62
45—64 years.	Male	16	2	—	3	—	21
	Female	26	1	—	2	—	29
65+ years.	Male	15	1	—	2	—	18
	Female	39	3	—	4	—	46
TOTALS		171	11	—	20	—	202

Table XLI.

RE-ADMISSIONS.

INTERVAL SINCE PREVIOUS ADMISSION.

Of the 91 admitted in 1963 who had previously been in a psychiatric hospital the periods elapsing since the previous admission were :—

					<i>Patients.</i>
Under 1 year	....	....	....	....	39
1 — 2 years	....	....	....	....	20
2 — 3 years	....	....	....	....	11
3 — 4 years	....	....	....	....	7
4 — 5 years	....	....	....	....	1
5 — 10 years	....	....	....	....	10
10 — 25 years	....	....	....	....	3
TOTAL					91

			<i>Male</i>	<i>Female</i>
Exeter residents in psychiatric hospitals for mentally ill at 31.12.62.	....	....	138	202
Admission during 1963	....	....	96	224
Discharge out of hospital (including 50 deaths, 17 male, 33 female).	....	....	102	200
Remaining in hospital at end of 1963.	....	....	132	226

Table XLII.

MENTAL WELFARE OFFICERS' VISITS, ETC. TO THE MENTALLY ILL.

	<i>Men.</i>	<i>Women.</i>	<i>Total.</i>
1. Visits and investigations leading to admission to hospital	221	393	614
2. Visits involving removal to hospital	133	256	389
3. Visits to relatives, etc. after admission	90	219	309
4. Visits to patients in hospital	205	247	452
5. Aftercare and follow-up visits following discharge	374	640	1,014
6. Visits to patients in the community receiving out-patient treatment, etc.	339	520	859
TOTALS	1,362	2,275	3,637

MENTAL WELFARE OFFICERS' VISITS, ETC. TO MENTALLY SUBNORMAL PERSONS.

	<i>Men</i>	<i>Women</i>	<i>Total</i>
1. Investigation and advice	39	24	63
2. Community care and supervision	379	602	981
3. Visits to patients on leave from hospitals	12	16	28
4. Visits to patients in hospital	48	35	83
TOTALS	478	677	1,155

There were also 763 visits made to the junior and adult training centres and to various organisations such as the Courts, National Assistance Board offices, Ministry of Labour and to employers on behalf of these patients in the community.

526 patients and their relatives were interviewed at the Health Department.

CONGENITAL ABNORMALITIES IN EXETER INFANTS
BORN IN 1963

Live Births	1,324	} Total 1,342
Still Births	....	....	....	....	....	18
Infant Deaths	....	....	....	....	....	21

Substantial congenital defects were found in 38 of these infants; details are set out below :

Stillbirths 18 (post mortem examinations made in 11 cases)	Babies with Congenital abnormality 1 (6%) anencephaly	
Infant Deaths 21 (post mortem examinations) made in 17 cases)	Babies with Congenital abnormality 8 (38%) (7 post mortems)	6 cong. hearts 1 diaphragmatic hernia 1 meningo myelocele & spina bifida
Survivors 1,303	Babies with Congenital abnormality 32	12 talipes 7 cong. disloc. hip. 4 cong. heart 1 microcephalic 1 hypospadias 1 cerebral palsy 4 meningocele 1 spastic 1 External Naevus of head & face.
Total Live & Stillbirths 1,342	Total abnormal 41	Babies born with congenital abnormalities per 1,000 live & still births. 30.5

CONGENITAL ABNORMALITIES IN EXETER CHILDREN
BORN 1954-1963

Year born	Total Live & Stillbirths Registered*	CASES OF SUBSTANTIAL CONGENITAL ABNORMALITY				Per 1,000 Live & Stjllbirths
		Still Births	Infant Deaths	Survivors	Total	
1954	1,143	11	5	17	33	28.8
1955	1,141	9	5	21	35	30.6
1956	1,100	1	13	18	32	29.0
1957	1,195	4	6	20	30	25.1
1958	1,186	7	4	30	41	34.5
1959	1,168	6	10	33	49	41.9
1960	1,184	4	7	26	37	31.2
1961	1,234	4	7	37	48	38.8
1962	1,248	5	11	40	56	44.88
1963	1,342	1	8	32	41	30.5
TOTAL	11,941	52	76	274	402	Average 33.52

* Figures supplied by the Registrar-General for the purposes of the Annual Report.

FACTORIES.

Factories (including Bakehouses), (Factories Act, 1937, ss. 1-7).

INSPECTIONS for purposes of provisions as to health :

Premises.	Number on Register	Number of Inspection s	Number of written notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authority	53	5	—	—
2. Factories not included in 1 (above) in which Section 7 is enforced by Local Authority	424	188	11	—
3. Other premises in which Section 7 is enforced by Local Authority (exclud'g Out-workers' premises)	68	49	7	—
Totals	545	242	18	—

Cases in which DEFECTS were found :

Particulars.	No. of cases in which defects were found.				No. of cases in which prosecutions were instituted.
	Found.	Re-medied.	Referred		
			To H.M. In-spector.	By H.M. In-spector	
Want of cleanliness (S. 1)	2	2	—	1	—
Overcrowding (S. 2)	—	—	—	—	—
Unreasonable tempera- ture (S. 3)	—	—	—	—	—
Inadequate ventilation (S. 4)	—	—	—	—	—
Ineffective drainage (S. 6)	—	—	—	—	—
Sanitary Conveniences (S. 7) :—					
(a) Insufficient	9	8	—	—	—
(b) Unsuitable or de- fective	7	9	—	1	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outworkers)	12	—	12	—	—
Totals	30	19	12	2	—

(c) List of OUTWORKERS :

NATURE OF WORK.	Number of Outworkers.
Wearing Apparel (Making, etc.)	109
Curtains and Furniture Hangings	20
Furniture and Upholstery	1
Church Embroidery	14
The making of Cardboard Boxes	18
TOTAL	162